2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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FILED
May 08, 2006 8:00 am
Secretary of State
04-20-2006 90203 032 ***150.00

DOCUMENT # P97000097944

1. Entity Name

J.E.S.M., INC.

Principal Place of Business	Mailing Address
P.O. BOX 2914 ~~HOLLYWOOD~~ FL 33008	P.O. BOX 2914 ~~HOLLYWOOD~~ FL 33008
HALLANDALE	HALLANDALE

1st MOORE CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address
540 CLEMATIS	P.O. BOX 2914
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST PALM BEACH FLA.	City & State: HALLANDALE FLA.
Zip: 3 Country:	Zip: 33008 Country:

4. FEI Number: 65-0795695 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIMOUN, ROGER ~~P.O. BOX 2914 HOLLYWOOD FL 33008~~ 128 OCEAN BLVD ~~HALLANDALE FLA~~ GOLDEN BEACH FLA. 33160	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ 3/30/06
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIMOUN, ROGER ~~P.O. BOX 2914~~ 128 OCEAN BLVD ~~HOLLYWOOD FL 33008~~ GOLDEN BEACH FLA ~~HALLANDALE~~ 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD MIMOUN, PAUL P.O. BOX 2914 ~~HOLLYWOOD~~ FL 33008 HALLANDALE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MIMOUN, ELIE P.O. BOX 2914 ~~HOLLYWOOD~~ FL 33008 HALLANDALE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ President JEEM INC 3/30/06 786-556-7754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #