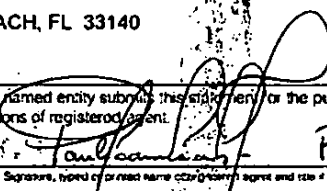
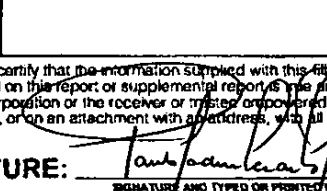


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

5/ Jun 20, 2008 8:00 am
Secretary of State

05-30-2008 90219 017 ***150.00

DOCUMENT # P98000045959					
1. Entry Name JET LAKE CORP.					
Principal Place of Business 6106 NW 6 AVE MIAMI, FL 33127			Mailing Address 19368 SW 64TH ST LAGUNA ISLE #426 PEMBROKE PINES, FL 33332		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
State, Apt. #, etc.			State, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0837334	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASTRO, PAULO T 5151 COLLINS AVENUE #426 MIAMI BEACH, FL 33140				7. Name and Address of New Registered Agent Name PAULO T CASTRO Street Address (P.O. Box Number is Not Acceptable) 19368 SW 64 STREET City PEMBROKE PINES FL Zip Code 33332	
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:  PAULO T CASTRO DATE 4/30/08 Signature, typed or printed name (city/county) agent and fee # applicable. (NOTE: Registered Agent signature required when reelecting)					
FILE NOW!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASTRO, PAULO T 19368 SW 64TH ST LAGUNA ISLE PEMBROKE PINES, FL 33302 ☐ 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		
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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 Chapter 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: 		6/16/08		(305) 986-2574	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

66014301



05022008 Chg-P CR2E034 (12/06)