

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # S84303**

1. Entity Name  
**JENSEN BEACH CORPORATION**



Principal Place of Business  
**C/O DACAR MANAGEMENT LLC  
336 E DANIA BCH BLVD  
DANIA, FL 33004 US**

Mailing Address  
**C/O DACAR MANAGEMENT LLC  
336 E DANIA BCH BLVD  
DANIA, FL 33004 US**



04012008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0292203**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**GARCIA-VELEZ, CARLOS  
336 E DANIA BCH BLVD  
DANIA, FL 33004**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	MICHA, DAVID
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY- ST- ZIP	MIAMI, FL
TITLE	V
NAME	MICHA, MOISES
STREET ADDRESS	520 BRICKELL DRE 3305
CITY- ST- ZIP	MIAMI, FL
TITLE	VP
NAME	MICHA, ALBERTO
STREET ADDRESS	520 BRICKELL KEY DR #305
CITY- ST- ZIP	MIAMI, FL
TITLE	VPS
NAME	VELEZ, CARLOS G
STREET ADDRESS	536 E DANIA BEACH BLVD
CITY- ST- ZIP	DANIA, FL 33004
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/21/08-80101-006 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/08

Date

954-927-4885

Daytime Phone #