

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90038 020 ***150.00

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1. Entity Name
JFT INVESTMENT GROUP INC.



Principal Place of Business
2955 S.W. 8 ST., #202
MIAMI, FL 33135

Mailing Address
2955 S.W. 8 ST., #202
MIAMI, FL 33135

Z4003401



01232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0997502	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FUENTES, TEOBALDO H
2955 S.W. 8 ST., #202
MIAMI, FL 33135

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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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE PD	FUENTES, TEOBALDO H
NAME	2955 S.W. 8 ST., #202
STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP	
TITLE VD	FUENTES, JINA J
NAME	2955 S.W. 8 ST., #202
STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP	
TITLE SD	FUENTES, JOSE T
NAME	2955 S.W. 8 ST., #202
STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP	
TITLE TD	FUENTES, JUAN C
NAME	2955 S.W. 8 ST., #202
STREET ADDRESS	MIAMI, FL 33135
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Date

Daytime Phone #