


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90014 001 ***150.00

DOCUMENT # P01000092462

1. Entity Name
JACQUIER CORPORATION



Principal Place of Business Mailing Address
627 LIVE OAK LANE **627 LIVE OAK LANE**
WESTON, FL 33327 **WESTON, FL 33327**

54022200



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

03222004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1144560 Not Applicable

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

6. Name and Address of Current Registered Agent

HUERTAS, SAMUEL O
7901 NW 21 STRET
MIAMI, FL 33122

7. Name and Address of New Registered Agent

Name **GBS Consultants**
 Street Address (P.O. Box Number is Not Acceptable) **1290 Weston Rd Suite 306**
 City **Weston** FL Zip Code **33326**

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 *Maria Antonietta M. DIAZ - President* DATE **03/22/04**

Signature, by check or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<input type="checkbox"/> Delete
NAME	JACQUIER, MARTINE	
STREET ADDRESS	627 LIVE OAK LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JACQUIER, CHRISTINE	
STREET ADDRESS	627 LIVE OAK LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACQUIER, MICHELLE	
STREET ADDRESS	627 LIVE OAK LANE	
CITY-ST-ZIP	WESTON, FL 33327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]* DATE **03/22/04**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #