


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000059473  
 1. Entity Name  
 JG SCIENTIFIC CORP.



Principal Place of Business  
 2139 NW 79 AVE #T874  
 MIAMI, FL 33122

Mailing Address  
 2139 NW 79 AVE #T874  
 MIAMI, FL 33122

**DO NOT WRITE IN THIS SPACE**



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number  
 02-0609275

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOMEZ, JORGE  
 2139 NW 79 AVENUE  
 #T874  
 MIAMI, FL 33122

**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 \_\_\_\_\_ (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

000000066935  
 02/26/04-80036-002 150.00

10. OFFICERS AND DIRECTORS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

PTD  
 GOMEZ, JORGE  
 2139 NW 79 AVE #T874  
 MIAMI, FL 33122

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

VSD  
 GOMEZ, JORGE SR  
 2139 NW 79 AVE #T874  
 MIAMI, FL 33122

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP


TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  
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 STREET ADDRESS  
 CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: **X**  **JORGE GOMEZ, PRES.** **02/13/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #