


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000043611

1. Entity Name
J.R.A. INVESTMENTS, INC.



Principal Place of Business
**4415 MONSERRATE St.
 CORAL GABLES, FL 33146**

Mailing Address
**4415 MONSERRATE St.
 CORAL GABLES, FL 33146**



01052004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0498997

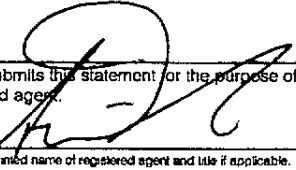
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**DAHAN, SIMON
 4415 MONSERRATE St.
 CORAL GABLES, FL 33146**

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:  **SIMON DAHAN** **1/5/04**

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

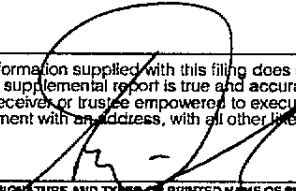
FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHAN, SIMON 4415 MONSERRATE St. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAHAN, JEANETE 4415 MONSERRATE St. CORAL GABLES, FL 33146
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100000000798
 01/09/04-80013-005 158.75

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:  **Simon DAHAN** **1/5/04** **(305)665-1845**

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