## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

1. Entity Nam	ne	# S76328 JIPMENT, INC.						Feb 09 Sec	, 2004 retary	08:00 of Sta	0 AM ate	
Principal Place 7422 SW 48 MIAMI FL 3 US	BTH ST	S	7422	Mailing Address 7422 SW 48TH ST MIAMI FL 33155 US					1881   1811   181811   181811	<b>1</b>  1   1 2   1 2   \$1		
2. Principal F	Place of Busin	iess	3. Mai	3. Mailing Address								
Suite, Apt.	#, etc.		Suit	Suite, Apt #, etc.				MOORE	CR2E034	(11/03)	e e e e e e e e e e e e e e e e e e e	
City & Stat	te		City	City & State			4. FEI 1	Number 65-03012	02		oplied For of Applicable	
Zip	Country		Zıp	Zip Coun		5. Certificate of		ificate of Status Desired	Fee Required			
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					-	
161	SQUEZ, J 43 SW 83 MI FL 33	3RD TERR		•		Street Address (P O. Box Number is Not Acceptable)						
		•				City			FL	Zip Code	e	
	named entit		ent for the purp	ose of changing its	s register	ed office or registe	ered agent,	or both, in the State of	Florida. I am	familiar with,	and accept	
SIGNATURE												
		or printed name of registered !! FEE IS \$150.00		licable. (NO	TŁ. Registere	d Agent signature require	ed when roinstat	ang)	DATE			
Afte	r May 1, 200	04 Fee will be \$550 o Florida Deparime	0.00					<ol> <li>Election Campaign Trust Fund Contribution</li> </ol>		<b>\$5.0</b> □ Added	0 May Be I to Fees	
10.	Y	OFFICERS	AND DIRECTO		11.	<del></del>	ADDIT	IONS/CHANGES TO O	FFICERS AND			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VASQUEZ 16143 SW MIAMI FL	, JOSE G. 83RD TERR		□ Delete	- 6	<b>I</b>		U0000 02/11/04	0044158 -80010-4	□ Change 005 150.	Addition	
TITLE NAME STREET ADDRESS CITY+ST-ZIP	STD VASQUEZ 16143 SW MIAMI FL	, ESTELLA 83RD TERR		□ Delete		<b>I</b>				☐ Change	☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		į.				☐ Change	☐ Addition	
12. I hereby of indicated of the corrections of the	certify that the l on this repor poration or the or on an atta	e information supplied it or supplemental rep ne receiver or trustee achment with an addr	d with this filing bort is true and empowered to ress, with all oth	does not qualify for accurate and that execute this repor- ier like empowered	or the exer my signar t as requir t.	mption stated in S ure shall have the red by Chapter 60	Section 119. same lega 07, Florida S	.07(3)(i), Florida Statute if effect as if made unde Statutes; and that my na	s. I further cer er oath; that I a ime appears i	tify that the in am an officer n Block 10 or	nformation or director Block 11 if	

JOSL TS. UDSQVLZ

SIGNATURE:

**FILED** 

2/06/04 305-666-3135