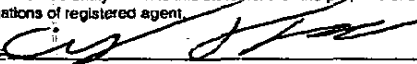
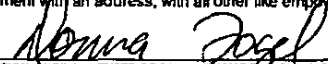


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2004 8:00 am
Secretary of State

07-14-2004 90003 028 ***158.75

DOCUMENT # 574737			
1. Entity Name J.P.R. INVESTMENTS, INC.			
Principal Place of Business 2424 NW FIRST STREET MIAMI, FL 33125-5226		Mailing Address 2424 NW FIRST STREET MIAMI, FL 33125-5226	
2. Principal Place of Business 214 NW 11th St.		3. Mailing Address 7318 NW 7 AVE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State Miami Florida	
Zip 33136		Zip 33150	
Country Dade		Country DADE	
4. FEI Number 59-1853671		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent PILAFIAN, SHOCKY 1800 S LEJEUNE RD CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name: Arthur R. Fogel Street Address (P.O. Box Number is Not Acceptable): 4118 Cleveland Street City: Hollywood FL Zip Code: 33021	
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: 		DATE: 7/4/04	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD PILAFIAN, SHOCKY 1800 S LEJEUNE RD CORAL GABLES FL. ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Arthur R. Fogel 4118 Cleveland Street Hollywood, FL. 33021 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICE, FLORENCE 90 NW 24TH AVENUE MIAMI, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Donna Fogel 4118 Cleveland Street Hollywood FL. 33021 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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, 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: 		DATE: 7/4/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	