2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

lodor

## Feb 09, 2004 08:00 AM **DOCUMENT # 693085 Secretary of State** 1. Entity Name SAN JUAN PRECIOUS METALS CORPORATION Mailing Address Principal Place of Business % RONALD FREDERICK GORDON 4818 SAN JUAN AVENUE JACKSONVILLE FL 32210 % RONALD FREDERICK GORDON 4818 SAN JUAN AVENUE JACKSONVILLE FL 32210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 4. FEI Number 59-2114391 Not Applicable Country Zio Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, RONALD FREDERICK Street Address (P.O. Box Number is Not Acceptable) 4818 SAN JUAN AVENUE JACKSONVILLE FL 32210 City Zip Code 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 Signature, typed or printed name of registered agont and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change Addition TITLE ☐ Defete TITLE U00000041885 02/10/04-80001-007 150.00 GORDON, RONALD FREDERICK MARKE NAME 4818 SAN JUAN AVENUE STREET ADDRESS STREET ADDRESS CHTY - ST - ZIP CITY-5T-219 JACKSONVILLE FL 32210 ☐ Addition Channe ☐ Delete TRUE TITLE NAME MASSE STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CUTY-ST-TIP ☐ Change Addition ☐ Delete 1915 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY-ST-ZIP HILE Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Defete TITLE 33133 NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Defete 3171 E TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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

Ron Gordon

**FILED** 

2/Le/04 904-387-346Le