

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # F54140
 1. Entity Name
J.O. & N. INVESTMENTS, INC.



Principal Place of Business Mailing Address
3350 EAST 4TH AVE **15250 DURNFORD DR**
HIALEAH, FL 33013 US **MIAMI LAKES, FL 33014 US**

DO NOT WRITE IN THIS SPACE



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-0134158 Not Applicable

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

6. Name and Address of Current Registered Agent

RIVERO, ORLANDO
15250 DURNFORD DR
MIAMI LAKES, FL 33014

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

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**

1100000065532
 02/25/04-80041-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP RIVERO, ORLANDO 15250 DURNFORD DR MIAMI LAKES, FL
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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:  **Orlando Rivero, President** **2/2/04** **(305) 876-9665**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #