

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 13, 2004 8:00 am
Secretary of State

07-13-2004 90008 002 ***550.00

DOCUMENT # H29708

1. Entity Name
**JETRO CASH AND CARRY ENTERPRISES OF FLORIDA,
INC.**



Principal Place of Business
**15-24 132 ST
COLLEGE POINT, NY 11356 US**

Mailing Address
**15-24 132 ST
COLLEGE POINT, NY 11356 US**

44040440



07022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2474469

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAX, MICHAEL
2041 NW 12TH AVE
MIAMI, FL 33127**

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **FLEISHMAN, STANLEY**
STREET ADDRESS **15-24 132ND ST.**
CITY-ST-ZIP **COLLEGE POINT, NY 11356**

TITLE **V**
NAME **KIRSCHNER, RICHARD**
STREET ADDRESS **15-24 132ND STREET**
CITY-ST-ZIP **COLLEGE PT, NY 11356**

TITLE **CFO**
NAME **EMMERT, BRIAN**
STREET ADDRESS **15-24 132ND ST**
CITY-ST-ZIP **COLLEGE PT, NY 14356**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-04

Date

(718) 762-8700

Daytime Phone #

x229