

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90029 029 ***150.00

DOCUMENT # H92412

1. Entity Name

JORDAD CORPORATION



Principal Place of Business

C/O A: F. ALENTADO & ASSOC.
1149 SW 27 AVE. #203
MIAMI FL 33135

Mailing Address

C/O A: F. ALENTADO & ASSOC.
1149 SW 27 AVE. #203
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address



MOORE CR2E034 (11/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2612444

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

HEVIA, JORGE
1149 SW 27TH AVENUE STE. 301
MIAMI FL 33135

7. Name and Address of New Registered Agent

Name *Soraya Saieh*

Street Address (P.O. Box Number is Not Acceptable)

1110 Papaya St.

City *Hollywood*

FL

Zip Code
33019

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 \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **ST** ☐ Delete
NAME **SAIEH, EMMA**
STREET ADDRESS **1361 NE 118TH STREET**
CITY-ST-ZIP **MIAMI FL**

TITLE **P** ☐ Delete
NAME **SAIEH, SORAYA**
STREET ADDRESS **1110 PAPAYA ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE **VP** ☐ Delete
NAME **SAIEH, SALVADOR**
STREET ADDRESS **1110 PAPAYA ST**
CITY-ST-ZIP **HOLLYWOOD FL 33019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

Salvador Saieh *Saieh*

A. 2-H-04 305-895-6778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #