2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 30, 2004 08:00 AM Secretary of State

1. Entity Nam K.W. LIQU Principal Place 29000 S. DIX MIAMI, FL 3:	JORS, INC. e of Business KIE HIGHWAY	CE	04272004 4. FEI Numbe 65-008	No Chg-P	CR2E034 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required	
Name and Address of Current Registered Agent				<u> </u>	- 	ree nequired
BILOTTI, MICHAEL 13790 NW 4 ST., #13 SUNRISE, FL 33325			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 DATE DATE						
Signalure, 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 9. Election Campaign Finance Trust Fund Contribution.				.00 May Be ded to Fees		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI PSTD BILOTTI, MICHAEL 13790 NW 4 ST #13 SUNRISE, FL 33325	HECTORS			::::::::::::::::::::::::::::::::::::::	0145499 -80028-003 1 50. 00
NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP			<u> </u>		NOT W	
NAME STREET ADDRESS GITY-ST-ZIP				IN	THIS SI	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP						į
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby indicated of the collapsed	certify that the information supplied with the on this report or supplemental report is to portation or the receiver or trustee empore, or on an attachment with an authors, with	his filling does not qualify for the ex- use and accurate and that my signa ered to execute this report as required at a second this report as required at the second this report as required.	emption stated in S ature shall have the ired by Chapter 60	ection 119.07(3) same legal effe 17, Florida Statut	(i), Florida Statutes, of as if made under es; and that my nan	I further certify that the information oath; that I am an afficer or director ne appears in Block 10 or Block 11 if