

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # L05372

1. Entity Name
JORGE & GERRY'S, INC.



Principal Place of Business
8370 NW 27TH AVE
MIAMI, FL 33147

Mailing Address
8370 NW 27TH AVE
MIAMI, FL 33147

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05192004

Chg-P

CR2E034 (10/03)

MRS

4. FEI Number
65-0150105

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARQUEZ & MARCELO-ROBAINA, P.A.
692 W PALM DRIVE
POMPANO BEACH, FL 33069

Name
MARQUEZ & MARCELO-ROBAINA, P.A.

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

782 NW LeJeune Road - Suite 548

City
MIAMI

FL

Zip Code
33126

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]

05/19/2004

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP
NAME FLORES, RAFAEL
STREET ADDRESS 692 W PALM DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE VP
NAME CARBAJAL, Jorge L.
STREET ADDRESS 14372 SW 18 Street
CITY-ST-ZIP Miami, FL 33175
☒ Change ☐ Addition

TITLE S
NAME FLORES, ALINA
STREET ADDRESS 692 W PALM DRIVE
CITY-ST-ZIP POMPANO BEACH, FL 33069
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500037731375
06/08/04--01005--006 **\$1.25
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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] President

05/19/2004

(305) 447-1160

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #