

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L34665		
1. Entity Name JIMEL CORPORATION		
Principal Place of Business % LUIS LOPEZ 5978 W. 16TH AVE. HIALEAH, FL 33012		Mailing Address % LUIS LOPEZ 5978 W. 16TH AVE. HIALEAH, FL 33012
DO NOT WRITE IN THIS SPACE		
		01132004 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0157775		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent LOPEZ, LUIS 5978 W. 16TH AVE. HIALEAH, FL 33012		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 \$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
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, LUIS 5978 W. 16TH AVE. HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, ELIA 5978 W. 16TH AVE. HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOPEZ, JAMES 5978 W. 16TH AVE. HIALEAH, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS 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 507, 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: <i>Luis Lopez</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <i>1/16/04</i> Daytime Phone #: <i>305-558-6679</i>

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