

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M51765</b>	
1. Entity Name J & J VENDORS OF BROWARD INC.	



Principal Place of Business 2742 NW 30TH WAY #18 LAUDERDALE LAKES, FL 33311 US	Mailing Address 2742 NW 30TH WAY #18 LAUDERDALE LAKES, FL 33311 US
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04212004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2800002	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LARA, MICHAEL  
345 NW 45 TERR  
DEERFIELD BEACH, FL 33442

**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

U000000127195  
04/23/04 00005 000 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LARA, JOSE 2742 NW 30TH WAY #18 LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO LARA, MICHAEL 2742 NW 30TH WAY #18 LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST LARA, MICHAEL 2742 NW 30TH WAY #18 LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V RODRIGUEZ, SONIA 2742 NW 30TH WAY #18 LAUDERDALE LAKES, FL 33311
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

4/21/04

804 731-3000

Date

Daytime Phone #