2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# N00000004333

Entity Name: JUVENILE RESCUE MISSION OF FLORIDA, INC.

Current Principal Place of Business:

692 W 29 STREET
#9
HIALEAH, FL 33012

New Principal Place of Business:

Current Mailing Address:

692 W 29 STREET
#9
HIALEAH, FL 33012

New Mailing Address:

FEI Number: 65-1020563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAIRUZ, JORGE
2736 N.W. 4TH TERRACE
MIAMI, FL 33125 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	KAIRUZ, JORGE	
Address:	2736 NW 4TH TERRACE	
City-St-Zip:	MIAMI, FL 33125	
Title:	VD	( ) Delete
Name:	KAIRUZ, OLGA	
Address:	2736 NW 4TH TERRACE	
City-St-Zip:	MIAMI, FL 33125	
Title:	TD	( ) Delete
Name:	JUNQUERA, CARLOS	
Address:	11974 SW 195 STREET	
City-St-Zip:	MIAMI, FL 33175	
Title:	SD	( ) Delete
Name:	JUNQUERA, MARGARITA	
Address:	11974 SW 195 STREET	
City-St-Zip:	MIAMI, FL 33175	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JORGE KAIRUZ PD 07/02/2004

Electronic Signature of Signing Officer or Director — Date