

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90041 046 ***158.75

DOCUMENT # P00000008511 1. Entity Name JUNIOR'S PRODUCTION, INC.			
Principal Place of Business 1550 S. DIXIE HWY., STE 204 CORAL GABLES, FL 33146		Mailing Address 1550 S. DIXIE HWY., STE 204 CORAL GABLES, FL 33146	
2. Principal Place of Business 2332 PALM ANO STREET Suite, Apt. #, etc. 218		3. Mailing Address 2332 PALM ANO STREET Suite, Apt. #, etc. 218	
City & State CORAL GABLES, FL Zip 33134 Country USA		City & State FL, CORAL GABLES Zip 33134 Country USA	
4. FEI Number 65-0980450		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		02062004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent BETANCOUST, JOSE JR 1550 S. DIXIE HWY., STE 204 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name ALEXANDRA C. PERALTA Street Address (P.O. Box Number is Not Acceptable) 12032 SW 123 CT City MIAMI FL Zip Code 33186	
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: DATE: 1/30/04 <small>Signature, typed or printed (name of registered agent and title if applicable). (NOTE: Registered Agent signature required when reinstating).</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BETANCOURT, JOSE JR 1550 S. DIXIE HWY., STE 204 CORAL GABLES, FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BETANCOURT, JOSE 1550 S. DIXIE HWY., STE 204 CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	X PERALTA, ALEXANDRA 12032 SW 123 CT CORAL GABLES, FL 33186 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 2/6/04 (305) 669-8780	