2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Mar 05, 2004 08:00 AM Secretary of State DOCUMENT # P00000017704 1. Entity Name J.P. TRANSMISSIONS, INC. Principal Place of Business Mailing Address 7056 SOUTHWEST 4TH STREET MIAMI FL 33144 7056 SOUTHWEST 4TH STREET MIAMI FL 33144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite. Apt. #, etc. CR2E034 (11/03) Applied For City & State 4. FEI Number City & State 65-0990738 Not Applicable Ζp Country Zio Country \$8.75 Additional 5. Certificate of Status Desired \_\_\_\_ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MENESES, JORGE LUIS Street Address (P.O. Box Number is Not Acceptable) 14227 SOUTHWEST 51ST STREET **MIAMI FL 33175** City Zip Code 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 9. Election Campaign Financing \$5.00 May 8e After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Addition PD Detete TETES TIRLE U000000076491 MENESES, JORGE LUIS NAME NAME 03/05/04-80002-023 150.00 14227 SOUTHWEST 51ST STREET STREET ADDRESS STREET ACCRESS CITY-ST-ZIP MIAMI FL 33175 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME MANE STREET ADDRESS STREET ADDRESS COY-ST-ZIP CRY-ST-ZIP ☐ Change Defete TITLE ☐ Addition TITE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-78 ☐ Delete ☐ Change Addition SITSE NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP Delete THLE Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-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 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.

**FILED** 

Daylime Phone #