FROM :BETTER BUSINESS SERVICES FAX NO. :4078962526 May. 03 2004 11:38AM P1

FILED
May 04, 2004 08:00 AM
~~Secre~~tary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000019296

1. Entity Name
JACTUS CARRIBEAN & AMERICAN MARKET, INC.

Principal Place of Business	Mailing Address
2427 S. RIO GRANDE AVE. ORLANDO, FL 32805-5265	2427 S. RIO GRANDE AVE. ORLANDO, FL 32805-5265

DO NOT WRITE IN THIS SPACE

05032004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3174336

Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Name and Address of Current Registered Agent

PIERRE, JACTUS
2427 S. RIO GRANDE AVE.
ORLANDO, FL 32805-5265

DO NOT WRITE IN THIS SPACE

9. 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
Due by September 6, 2004

8. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May be Added to Fees

U00000155728
05/05/04--80049--012 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PIERRE, JACTUS
STREET ADDRESS	2427 S. RIO GRANDE AVE.
CITY-ST-ZIP	ORLANDO, FL 328055265
TITLE	D
NAME	PIERRE, OLGUINE
STREET ADDRESS	2427 S. RIO GRANDE AVE.
CITY-ST-ZIP	ORLANDO, FL 328055265
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: ______________________ 5/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #