## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P000000 JIMINEZ GOLD TEETH					05-03-2004 9	•	***150.	00
Principal Plac	e of Business	Mailing Address			4	0.4.0	00 80 54		
2107 W. REY PLANT CITY,	=	107 W. REYNOLDS ST.		24066467					
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2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<u> </u>		03302004	Chg-P	CR2E034		
City & Stat	te	City & State	<u> </u>		4. FEI Number 59-3632955				plied For Applicable
Zip	Country	Zip	Country		5. Certificate of Status Desired		S8.75 Additional Fee Required		
	6. Name and Address of Curr	rent Registered Agent		Namo	7. Name and A	dress of New R	egistered Ag	ent	
JIMINEZ, AGUSTIN 2107 W. REYNOLDS ST.			Name Street Address (P.O. Box Number is Not Acceptable)						
PLANT CI	TY, FL 33567								
			_	City			FL	Zip Code	, ]
	e named entity submits this stateme tions of registered agent.	nt for the purpose of changing	ts register	red office or registe	ered agent, or both,	in the State of Flo	orida. Iam fa	miliar with,	and accept
SIGNATURE.	Signature, typed or printed name of registered	agent and title if applicable. (N	OTE: Registere	ed Agent signature require	ed when reinstating)		DATE		}
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$5	9. Election Camp 50,00 Trust Fund Co			5.00 May Be ded to Fees	- 20	<del></del>		
FIL After M	officers	Trust Fund Co		, Ād	ded to Fees	HANGES TO OFF	ICERS AND I	DIRECTORS	
10.	OFFICERS	50.00 Trust Fund Co	ntribution.	Ad	ded to Fees	HANGES TO OFF		DIRECTORS ☐ Change	S IN 11
After M	OFFICERS	Trust Fund Co	11.	Ad	ded to Fees	HANGES TO OFF			
10. TITLE NAME	OFFICERS	Trust Fund Co	11, TITL NAM STR	Add	ded to Fees	HANGES TO OFF			
10. TITLE NAME · STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS / D JIMINEZ, AGUSTIN 204 ROSANA DR.	Trust Fund Co	11. TITL NAM STRI CITY	E ACI	ded to Fees	HANGES TO OFF			
10. TITLE NAME · STREET ADDRESS C//Y-ST-Z/P TITLE NAME	OFFICERS  D JIMINEZ, AGUSTIN 204 ROSANA DR. BRANDON, FL 33511	Trust Fund Co	11. TITL NAM STRI CITY TITL NAM	E AE  RET ADDRESS (-ST-ZIP)  E  AE	ded to Fees	HANGES TO OFF		☐ Change	☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the seemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is included 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 VIPED ON PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-04

Daytime Phone #