


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000062926
1. Entity Name
JAG HOLDINGS AND INVESTMENTS, INC.



Principal Place of Business Mailing Address
14820 NE 5TH AVENUE **14820 NE 5TH AVENUE**
MIAMI, FL 33161 **MIAMI, FL 33161**



04182004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1022495 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
JOSEPH, ARNOLD
14820 NE 5TH AVENUE
MIAMI, FL 33161

DO NOT WRITE IN THIS SPACE

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: *Joseph Arnold* **Arnold Joseph, President** **4/20/04**
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOSEPH, ARNOLD
STREET ADDRESS	14820 NE 5TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	D
NAME	JOSEPH, MARIE GUETIE
STREET ADDRESS	14820 NE 5TH AVENUE
CITY-ST-ZIP	MIAMI, FL 33161
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/04-80020-008 150.00

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: *Joseph Arnold* **Arnold Joseph** **4/20/04 (305) 761-3621**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #