

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000069448					
1. Entity Name J. IMPORTS, INC.					
Principal Place of Business 14332 CROWBERRY CT WELLINGTON, FL 33142			Mailing Address P.O. BOX 210914 ROYAL PALM BEACH, FL 33421-0914		
2. Principal Place of Business Suite, Apt #, etc		3. Mailing Address Suite, Apt #, etc			
City & State		City & State		03092004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 65-1028685	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANCHEZ, JULIAN 14332 CROWBERRY CT. WELLINGTON, FL 33414			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			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 _____ (NOTE: Registered Agent signature required when reinstating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PT SANCHEZ, JULIAN E 14332 CROWBERRY COURT WELLINGTON, FL 33414		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U00000089781 03/16/04-80002-022 150.00		☐ Change ☐ Addition	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]		☐ Delete	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	[Empty]		☐ Delete	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. 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: _____			3/12/04 561.753.0751		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		