


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90378 021 ***150.00

DOCUMENT # P00000105189	
1. Entity Name J.P. UNLIMITED, CO.	

Principal Place of Business 7638 BRUNSON CIR. LAKE WORTH FL 33467	Mailing Address 7638 BRUNSON CIR. LAKE WORTH FL 33467
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2. Principal Place of Business 7704 FORESTAY DR	3. Mailing Address 7704 FORESTAY DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State LAKE WORTH, FL	City & State LAKE WORTH, FL
Zip 33467	Country USA



MOORE CR2E034 (11/03)

4. FEI Number 65-1054943	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent COLIA, CLAUDIA Y 7638 BRUNSON CR. LAKE WORTH FL 33467	
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7. Name and Address of New Registered Agent Name Colia, Claudia Y Street Address (P.O. Box Number is Not Acceptable) 7704 FORESTAY DR. City Lake Worth FL Zip Code 33467	
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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) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLIA, CLAUDIA Y 1575 NORTHWEST 13 STREET #610 BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BENAVIDES, IGANCIO A 1575 NORTHWEST 13 STREET #610 BOCA RATON FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **claudia y. colia** **4/10/04** **(561) 667 1717**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #