


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90456 013 \*\*\*150.00

**DOCUMENT # P01000016817**

1. Entity Name  
**JAC ENTERPRISES GROUP INC.**



Principal Place of Business  
**13866 SW 102ND TERRACE**  
**MIAMI, FL 33186**

Mailing Address  
**13866 SW 102ND TERRACE**  
**MIAMI, FL 33186**

2. Principal Place of Business  
**1850 N.W. 82 AVENUE**  
 Suite, Apt. #, etc.

3. Mailing Address  
**1850 N.W. 82 AVENUE**  
 Suite, Apt. #, etc.



04212004 Chg-P CR2E034 (10/03)

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number  
**94-3395443**

Applied For  
 Not Applicable

Zip  
**33126**

Country  
**U.S.A.**

Zip  
**33126**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

**CRUZ, JAIME E**  
**1850 N.W. 82 AVE.**  
**MIAMI, FL 33126**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (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

TITLE	TD <input type="checkbox"/> Delete
NAME	<b>CRUZ, JAIME E</b>
STREET ADDRESS	<b>1850 N.W. 82 AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	SD <input type="checkbox"/> Delete
NAME	<b>OSPINO, JUAN C</b>
STREET ADDRESS	<b>1850 N.W. 82 AVE.</b>
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>
TITLE	PD <input type="checkbox"/> Delete
NAME	<b>PITMAN, ANN MARIE</b>
STREET ADDRESS	<b>4418 MAHOGANY RIDGE DR.</b>
CITY-ST-ZIP	<b>WESTON, FL 33331</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **JAIME E. CRUZ** **4-21-2004** **305-592-0003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #