**2004 FOR PROFIT CORPORATION** ANNUAL REPORT (AR)

changed, or on an attachme

SIGNATURE:

## Mar 26, 2004 8:00 am **Secretary of State DOCUMENT # P01000020998** 1. Entity Name 03-26-2004 90022 001 \*\*\*158.75 JEMS AUTO SALES, INC. Principal Place of Business Mailing Address 9650 NW 27TH AVENUE 2952 SW 27TH TERR. 44041404 MIAMI FL 33147 **MIAMI FL 33133** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE 3 CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 55-1082620 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name VALLES, MADELIN Street Address (P.O. Box Number is Not Acceptable) 2952 SW 27 TERR **MIAMI FL 33133** 8. The above named entity sub its 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 SIGNATURE (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. IIILE PD TITLE ☐ Delete ☐ Addition NAME VALLES, MADELIN NAME 2952 SW 27TH TERR STREET ADDRESS STREET ADDRESS **MIAMI FL 33133** CITY-ST-ZIE CITY-ST-ZIP THE 🗘 Delete TITLE ☐ Change ☐ Addition VALLES, ANACLETO E NAME NAME 1035 W. 77ST APT, 311 STREET ADDRESS STREET ADDRESS HIALEAH FL 33014 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ■ Addition NAME VALLES, ENRIQUE NAME STREET ADDRESS 2735 SW 32 AVE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33133** CITY-ST-ZIP ☐ Delete TITLE Addition VALLES, IBELIS NAME NAME STREET ADDRESS 2521 SW 17 ST STREET ADDRESS st Hivui, Fl. 33145 MIAMI FL 33145 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the informati indicated on this report or suppl of the corporation or the received 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 that 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 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

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