


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90135 032 ***150.00

DOCUMENT # P01000035069

1. Entity Name
JUMPS TECH.COM, INC.



Principal Place of Business
**2269 S. UNIVERSITY DR., #215
 DAVIE, FL 33324**

Mailing Address
**2269 S. UNIVERSITY DR., #215
 DAVIE, FL 33324**

2. Principal Place of Business
4605 SW 44th AVE

3. Mailing Address
4605 SW 44th AVE


Suite, Apt. #, etc.

City & State
DANIA BEACH, FL

City & State
DANIA BEACH, FL

Zip
33314

Country
USA



04222004 Chg-P CR2E034 (10/03)

4. FEI Number
65-1097679

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GAVET, PHILIPPE
**2269 S. UNIVERSITY DR., #215
 DAVIE, FL 33324**

7. Name and Address of New Registered Agent

Name
GAVET, PHILIPPE

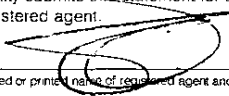
Street Address (P.O. Box Number is Not Acceptable)

4605 SW 44th AVE

City
DANIA BEACH

Zip Code
FL 33314

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  **GAVET, PHILIPPE, VICE PRES** DATE **4-26-04**

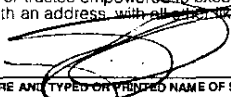
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS GAVET, PHILIPPE 2269 S. UNIVERSITY DR., #215 DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PLATEL, Remy JACQUES CHEMIN DE RIVALS 09500 LAGARDE, FRANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALBERT, NATHALIE 2269 S. UNIVERSITY DR., #215 DAVIE, FL 33324 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GAVET, PHILIPPE 4605 SW 44 th AVE DANIA BEACH, FL 33314 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 fee empowered.

SIGNATURE:  **Philippe GAVET** x **4-26-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
VICE-PRES