

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90246 016 ***150.00

DOCUMENT # P01000052169

1. Entity Name
J & E ELITE SERVICES, INC.



Principal Place of Business
**120 BONAVENTURE BLVD
#107
WESTON, FL 33326**

Mailing Address
**P.O. BOX 267982
WESTON, FL 33326**

94075283



2. Principal Place of Business
160 Bonaventure Blvd.

3. Mailing Address

Suite, Apt. #, etc.
101

Suite, Apt. #, etc.

04282004 Chg-P CR2E034 (10/03)

City & State
WESTON FL

City & State

4. FEI Number
59-3718408

Applied For
Not Applicable

Zip
33326

Country
Broward.

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FERMIN, JOSE E
110 BONAVENTURE BLVD
207
WESTON, FL 33326**

Name **FERMIN JOSE E**

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

160 Bonaventure Blvd # 101

City **Weston**

FL

Zip Code
33326

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 *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

04/27/04.

**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 ☐ Delete
NAME **DPT**
STREET ADDRESS **FERMIN, JOSE E**
CITY-ST-ZIP **120 BONAVENTURE BLVD #107
WESTON, FL 33326**

TITLE ☒ Change ☐ Addition
NAME **DPT**
STREET ADDRESS **FERMIN JOSE E.**
CITY-ST-ZIP **160 Bonaventure Blvd # 101
WESTON, FL. 33326**

TITLE ☐ Delete
NAME **DV**
STREET ADDRESS **FERMIN, ELVIA J**
CITY-ST-ZIP **120 BONAVENTURE BLVD #107
WESTON, FL 33326**

TITLE ☒ Change ☐ Addition
NAME **DV**
STREET ADDRESS **FERMIN ELVIA J**
CITY-ST-ZIP **160 Bonaventure Blvd # 101
WESTON FL 33326**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/04

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