

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90210 035 ***150.00

DOCUMENT # P01000052310

1. Entity Name

JARS: CONTRACTORS CORP



Principal Place of Business

5200 SW 8 ST #112
CORAL GABLES FL 33134

Mailing Address

5200 SW 8 ST #112
CORAL GABLES FL 33134

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

MOORE

3)

4. FID Number

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

6. Name and Address of Current Registered Agent

JOSE AVAREZ-
5200 SW 8 ST #112
CORAL GABLES FL 33134

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 transferred officer or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(MOORE: Registered Agent or corporate officer (typed, when one listed))

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
Post Fund Contribution

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD	☐ Delete
NAME	AVAREZ Jose	
STREET ADDRESS	5200 SW 8 ST #112	
CITY- ST- ZIP	CORAL GABLES FL 33134	
TITLE	SD	☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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)(b), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/04

Date

Telephone Number