

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 27, 2004 8:00 am**  
**Secretary of State**

08-27-2004 90004 012 \*\*\*150.00

**DOCUMENT # P01000054960**

1. Entity Name  
**JRC INTERNATIONAL SUPPLY, INC.**



Principal Place of Business

4711 NW 79 AVE  
6-F  
MIAMI, FL 33166

Mailing Address

4711 NW 79 AVE  
6-F  
MIAMI, FL 33166

**54070439**



2. Principal Place of Business

**11411 NW 60 ST**

3. Mailing Address

**11411 NW 60 ST**

Suite, Apt. #, etc.

**273**

Suite, Apt. #, etc.

**273**

City & State

**MIAMI, FL**

City & State

**MIAMI, FL**

08202004

Chg-P

CR2E034 (10/03)

4. FEI Number

**65-1117055**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CHIQUITO, JOSE R**  
**11411 NW 60 ST**  
**#273**  
**MIAMI, FL 33178**

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

*Jose R. Chiquito*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**08/20/04**

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

**P**  
**CHIQUITO, JOSE R**  
**11411 NW 60 ST #273**  
**MIAMI, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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CITY-ST-ZIP  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jose R. Chiquito*  
**08/20/04 (305) 593 6189**

Date

Daytime Phone #