

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000065953		
1. Entity Name JUBILEE GALA RECEPTION HALL INC.		
Principal Place of Business 12345 PEMBROKE RD PEMBROKE PINES, FL 33025		Mailing Address 12345 PEMBROKE RD PEMBROKE PINES, FL 33025
DO NOT WRITE IN THIS SPACE		
		
04202004 No Chg-P CR2E034 (10/03)		
4. FEI Number 65-1155068		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
5. Name and Address of Current Registered Agent GARCIA, LUIS 13250 SW 50TH STREET MIRAMAR, FL 33027		DO NOT WRITE IN THIS SPACE
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
		000000154774 05/05/04-80010-017 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARCIA, LUIS 13216 SW 50 ST MIRAMAR, FL 33027	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GARCIA, ROSALBA 13216 SW 50 STREET MIRAMAR, FL 33027	
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DO NOT WRITE IN THIS SPACE		
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: <u><i>Rosalba Garcia</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4/27/04 954-483-0086 Date Daytime Phone #