

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90046 037 \*\*\*150.00

**DOCUMENT # P01000068463**

1. Entity Name

JR AUTO EXPORT, INC.



Principal Place of Business

240 W CARROLL STREET SUITE B  
KISSIMMEE FL 34741

Mailing Address

240 W CARROLL STREET SUITE B  
KISSIMMEE FL 34741

44012007



MOORE CR2E034 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3730663

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, JOSE L SR  
240 W CARROLL STREET SUITE B  
KISSIMMEE FL 34741

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

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

(NOTE: Registered Agent signature required when reinstating)

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  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE: DPS ☐ Delete  
NAME: RIVERA, JOSE L SR  
STREET ADDRESS: 240 W CARROLL STREET SUITE B  
CITY-ST-ZIP: KISSIMMEE FL 34741

TITLE: V ☐ Delete  
NAME: ESCRIBANO, ANA C  
STREET ADDRESS: 240 W CARROLL STREET SUITE B  
CITY-ST-ZIP: KISSIMMEE FL 34741

TITLE: ☐ 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: President "P" ☒ Change ☐ Addition  
NAME: Jose L - RIVERA SR  
STREET ADDRESS: 240 W. CARROLL ST SUITE B  
CITY-ST-ZIP: KISSIMMEE FL 34741

TITLE: Secretary "S" ☒ Change ☐ Addition  
NAME: ESCRIBANO ANA C.  
STREET ADDRESS: 240 W. CARROLL STREET SUITE B  
CITY-ST-ZIP: KISSIMMEE FL 34741

TITLE: Vice-President "V" ☐ Change ☒ Addition  
NAME: Jose L - RIVERA JR.  
STREET ADDRESS: 240 W. CARROLL ST. SUITE B  
CITY-ST-ZIP: KISSIMMEE FL 34741

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)(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

2-19-04 (407)301-7937

Date

Daytime Phone #