

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000071619

Entity Name: JAJUMAX CORP.

FILED
Apr 15, 2004
Secretary of State

Current Principal Place of Business:

16336 SW 100TH TERR
MIAMI, FL 33196

New Principal Place of Business:

P.O. BOX 453117
KISSIMMEE, FL 34745

Current Mailing Address:

16336 SW 100TH TERR
MIAMI, FL 33196

New Mailing Address:

P.O. BOX 453117
KISSIMMEE, FL 34745

FEI Number: 65-1124764

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, JULIO
16336 SW 100TH TERR
MIAMI, FL 33196

Name and Address of New Registered Agent:

GARCIA, JULIO
P.O. BOX 453117
KISSIMMEE, FL 34745

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.

SIGNATURE:

04/15/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GARCIA, JULIO
Address: 16336 SW 100TH TERR
City-St-Zip: MIAMI, FL 33196

Title: SD () Delete
Name: GARCIA, JAEL
Address: 16336 SW 100TH TERR
City-St-Zip: MIAMI, FL 33196

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: GARCIA, JULIO C
Address: P.O. BOX 453117
City-St-Zip: KISSIMMEE, FL 34745

Title: SD (X) Change () Addition
Name: GARCIA, JAEL
Address: P.O. BOX 453117
City-St-Zip: KISSIMMEE, FL 34745

Title: TD () Change (X) Addition
Name: ALVAREZ, LUZHAIY
Address: P.O. BOX 453117
City-St-Zip: KISSIMMEE, FL 34745

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAEL GARCIA

SD

04/15/2004

Electronic Signature of Signing Officer or Director

Date