2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000097494

1. Entity Name
JM FORFAITING INC.

Principal Place of Business	Mailing Address
6107 SW 128 COURT MIAMI, FL 33183	6107 SW 128 COURT MIAMI, FL 33183

DO NOT WRITE IN THIS SPACE

08102004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-1142810	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MEDINA, JAMES
6107 SW 128 CT
MIAMI, FL 33183

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 _____ -JAIME MEDINA_   _8-10-04_

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
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	D
NAME	MEDINA, JAIME
STREET ADDRESS	6107 SW 128 COURT
CITY-ST-ZIP	MIAMI, FL 33183

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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: _____ -JAIME MEDINA_   _8-10-04_   305-388-9027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #