

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90502 001 \*\*\*300.00

**DOCUMENT # P01000107842**

1. Entity Name  
**MAMBO-JAMBO, INC.**



Principal Place of Business  
**1933 UNIVERSITY DR.  
CORAL SPRINGS, FL 33071**

Mailing Address  
**9915 NW 66TH MANOR  
PARKLAND, FL 33076**

2. Principal Place of Business

3. Mailing Address  
**1933 UNIVERSITY DRIVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03202004 Chg-P CR2E034 (10/03)

City & State

City & State  
**CORAL SPRINGS, FLORIDA**

4. FEI Number  
**65-1151531**

Applied For  
Not Applicable

Zip

Country

Zip  
**33071**

Country  
**U.S.A.**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**QUESADA, JORGE E  
9915 NW 66TH MANOR  
PARKLAND, FL 33076**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
NAME **QUESADA, JORGE E**  
STREET ADDRESS **9915 NW 66TH MANOR**  
CITY-ST-ZIP **PARKLAND, FL 33076**

TITLE **VP/S/D** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P/T/D** ☐ Change ☒ Addition  
NAME **QUESADA, ZAIDA**  
STREET ADDRESS **9915 NW 66th MANOR**  
CITY-ST-ZIP **PARKLAND, FLORIDA 33076**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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CITY-ST-ZIP

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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

Date

Daytime Phone #

**JORGE QUESADA**

**3/29/04 954 575 0533**