2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SCNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

٦, ١	ANNUAL R	EPORT (AF	3)		FILED	
DOCUMENT # P02000017949 1. Entity Name					Feb 03, 2005 08:00 AM Secretary of State	1
J. RIOS I	ENTERPRISES, INC.				Secretary of State	
Principal Place of Business		Mailing Address				
2279 E. SEMORAN BLVD. APOPKA FL 32703		3771 BRANTLEY PL. APOPKA FL 32703	CIR.			
			<u> </u>			RILINI
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	1st MOORE CR2E034 (10/04)	
City & State		City & State			01.0614207	ied For
Zip	Country	Zip	Count	try	5. Certificate of Status Desired S8.75 Addition Fee Required	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	<u> </u>
GONZALEZ, OSCAR JR				Name		
O. 0 140	GONZALEZ & ASSOCIATES XX N. SEMORAN BLVD., STE	9 1° s∕~\a		Street Address (I	P.O. Box Number is Not Acceptable)	
Ohi	LANDO FL 32807		ł	City	□	
8. The above	e named entity submits this statement to	or the nurpose of changing its	s registere	od office or register	ed agent, or both, in the State of Florida. I am familiar with, and	d accor
the obliga	ations of registered agent.	in the purpose of charging its	i i odistele	a office of registers	ed agent, or boun, in the state of Florida. Taim familiar with, and	u accep
SIGNATURE	Signature, build or printed name of registered agent	and title 4 applicable (NOT	E Registered	Agent signature required	when reinstating) DATE	<u> </u>
F	FILE NOW!!! FEE IS \$150,00					<u></u>
	May 1, 2005 Fee Will Be \$550.00				9. Election Campalgn Financing \$5.00 Trust Fund Contribution. Added it	
10.	k Payable to Florida Department of OFFICERS AND	N.S. Marrieson	1 44	هرج، دَجَر،	ADDITONO LOUANDES TO OFFICERO AND DIRECTORS	. <u>~ 1</u>
HILE	D OFFICERS AND	Delete .	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
NAMÉ	RIOS, JOEL	∟ Delete .	NAME		U00000213543 □ ^{Change} □ □ 02/03/05-80071-025 150.00	Acroin
STREET ADDRESS	3771 BRANTLEY PLACE CIR.			LADORESS	nstnatna_ennt1-ns2 120*nn	
City St-Zip	APOPKA FL 32703		CHY-	S1 - ZIP		(4) . - 1
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NAME STREET ANNUESS	RIOS, GLORIA 3771 BRANTLEY PLACE CIR.		NAME	T ADDRESS		
CITY-ST-ZIP	APOPKA FL 32703		SHEE			
TITLE	D	☐ Delete	TITLE		Change	 Additio
NAME	TORRES, EFRAIN C	🗀 501010	NAME			
STREET ADDRESS	451 TWISTING PINE CIR.			TADDREGS		
CITY-ST-ZIP	LONGWOOD FL 32779		CITY-5	ST-ZIP		<u> - :z .</u> .;
TITLE		☐ Delete	011.6		Change	Additio
NAME STREET ADDRESS			NAME STRLET	I ADDRESS		
City-SI-ZiP		_	CITY-S			
1011.6		• Delete	DILE		☐ Change	☐ Additio
NAME			NAME		_ , _	
STREET ADDRESS City ST-ZIP				I ADDRESS		
TITLE		Прав	CHIYES)1.7k		
NAME		∟ Delete	NAME		☐ Change	_ Addition
STREET ADDRESS				FADDRESS		
CITY-ST-7IP			CHY-S	ST-ZIP		
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee emplo or on an attachment with an address w	true and accurate and that me wered to execute this report	the exem ny signatu as require	option stated in Secure shall have the said by Chapter 607,	tion 119.07(3)(i), Florida Statutes. I further certify that the informame legal effect as if made under oath; that I am an officer or defined Statutes, and that my name appears in Block 10 or Blo	nation firector ock 11 if