


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90288 035 \*\*\*150.00

**DOCUMENT # P02000021730**

1. Entity Name  
**JOSE G. ENTERPRISES, INC**



Principal Place of Business  
**3580 S 55TH AVE  
 GREENACRES, FL 33463**

Mailing Address  
**3580 S 55TH AVE  
 GREENACRES, FL 33463**

**94054966**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**5682 Dewberry way**  
 Suite, Apt. #, etc.

04072004 Chg-P CR2E034 (10/03)

City & State  
**West Palm Beach**

City & State  
**West Palm Beach**

Zip  
**33415**

Country

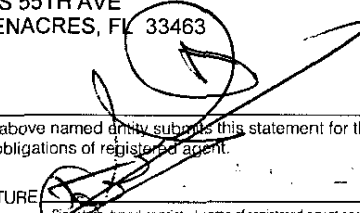
4. FEI Number  
**01-0618797**

Applied For  
 Not Applicable

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
<b>GARCIA, JOSE C 3580 S 55TH AVE GREENACRES, FL 33463</b>	Name
	Street Address (P.O. Box Number is Not Acceptable) <b>5682 Dewberry way</b>
	City <b>West Palm Beach FL</b> Zip Code <b>33415</b>

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:  DATE


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<input type="checkbox"/> Delete	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GARCIA, JOSE C		NAME GARCIA JOSE	
STREET ADDRESS 3580 S 55TH AVE		STREET ADDRESS 5682 Dewberry way	
CITY-ST-ZIP GREENACRES, FL 33463		CITY-ST-ZIP West Palm Beach FL 33415	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 #