

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90026 020 ***150.00

04001681



07082004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000036924

1. Entity Name
J.P.D. USA CORP.



Principal Place of Business

2871 S.W. 143 PL
MIAMI, FL 33175

Mailing Address

2871 S.W. 143 PL
MIAMI, FL 33175

2. Principal Place of Business

6400 SW 62 Avenue

Suite, Apt. #, etc.

3. Mailing Address

6400 SW 62 Avenue

Suite, Apt. #, etc.

City & State

South Miami FL

Zip
33143

Country

USA

City & State

South Miami FL

Zip
33143

Country

USA

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JIMENEZ, DOMINGO
2871 S.W. 143 PL
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name Jose M. Garcia

Street Address (P.O. Box Number is Not Acceptable)

6400 SW 62 Avenue

City South Miami

FL

Zip Code

33143

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]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/9/04
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 PD ☐ Delete
NAME NOVO, JUAN C
STREET ADDRESS 2871 S.W. 143 PL
CITY-ST-ZIP MIAMI, FL 33175

TITLE VD ☐ Delete
NAME JIMENEZ, DOMINGO
STREET ADDRESS 215 WEST 50TH ST.
CITY-ST-ZIP HIALEAH, FL 32012

TITLE TD ☐ Delete
NAME GARCIA, JOSE
STREET ADDRESS 13720 S.W. 92ND AVE.
CITY-ST-ZIP MIAMI, FL 33176

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
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]

(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

Date

Daytime Phone #

7/9/04 (305) 440-4707