2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000046048

1. Entity Name
JABELL ART, INC.

Principal Place of Business	Mailing Address
10845 SW 89 TERRACE MIAMI, FL 33176	10845 SW 89 TERRACE MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE

03052003   No Chg-P   CR2E034 (10/03)

4. FEI Number | Applied For
36-4496996 | Not Applicable

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

6. Name and Address of Current Registered Agent

VASQUEZ, JAVIER E
10845 SW 89 TERRACE
MIAMI, FL 33176

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 _____

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

DATE 5/12/2004

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	VASQUEZ, JAVIER E
STREET ADDRESS	10845 SW 89 TERRACE
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/17/04-80005-008 150.00

DO NOT WRITE IN THIS SPACE

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 #