

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049804

FILED
May 12, 2004
Secretary of State

Entity Name: JACO RESTORATIONS, INC.

Current Principal Place of Business:

15742 NORTHWEST 15TH COURT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

14077 NW 16 DRIVE
PEMBROKE PINES, FL 33028

Current Mailing Address:

15742 NORTHWEST 15TH COURT
PEMBROKE PINES, FL 33028

New Mailing Address:

14077 NW 16 DRIVE
PEMBROKE PINES, FL 33028

FEI Number: 02-0598024

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ, OSCAR A
15742 NW 15TH CT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

GOMEZ, OSCAR A
14077 NW 16 DRIVE
PEMBROKE PINES, FL 33028 US

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.

SIGNATURE:

05/12/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: GOMEZ, OSCAR A
Address: 15742 NORTHWEST 15TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: D (X) Delete
Name: REBELO, CARLOS A
Address: 15742 NORTHWEST 15TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: GOMEZ, OSCAR A
Address: 14077 NW 16 DRIVE
City-St-Zip: PEMBROKE PINES, FL 33028

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OSCAR A GOMEZ

PSTD

05/12/2004

Electronic Signature of Signing Officer or Director

Date