

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90684 030 ***150.00

DOCUMENT # P02000065370

1. Entity Name
J & J SILVER 925, INC.



Principal Place of Business

7483 SW 82 ST
APT #A306
MIAMI, FL 33143

Mailing Address

7483 SW 82 ST
APT #A306
MIAMI, FL 33143

2. Principal Place of Business

443 Espanola Way Suite #205
City & State: Miami Beach, FL
Zip: 33139

3. Mailing Address

443 Espanola Way Suite #205
City & State: Miami Beach, FL
Zip: 33139



04292004 Chg-P CR2E034 (10/03)

4. FEI Number
03-0464168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AZERO, JULIO P
7483 SW 82 ST APT. #A306
MIAMI, FL 33143

7. Name and Address of New Registered Agent

Name: AZERO, JULIO P
Street Address (P.O. Box Number is Not Acceptable):
443 Espanola Way Suite #205
City: Miami Beach FL Zip Code: 33139

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

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	AZERO, JULIO P	
STREET ADDRESS	7483 SW 82 ST APT #A306	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE	DS	<input type="checkbox"/> Delete
NAME	PARRA, JOSE M	
STREET ADDRESS	7483 SW 82 ST APT #A306	
CITY-ST-ZIP	MIAMI, FL 33143	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AZERO, JULIO P	
STREET ADDRESS	443 Espanola Way Suite #205	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARRA, JOSE M	
STREET ADDRESS	443 Espanola Way Suite #205	
CITY-ST-ZIP	Miami Beach, FL 33139	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #