

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90018 007 \*\*\*150.00

**DOCUMENT # P02000083676**

1. Entity Name

J.L.R. INDUSTRIES, INC.



Principal Place of Business

3733 NE 208 ST  
AVENTURA FL 33180

Mailing Address

3733 NE 208 ST  
AVENTURA FL 33180

2. Principal Place of Business

3711 SW 47<sup>th</sup> Ave

3. Mailing Address

3711 S.W. 47<sup>th</sup> Ave

Suite, Apt. #, etc.

Suite 207

Suite, Apt. #, etc.

Suite 207

City & State

DAVIE, FL

City & State

DAVIE, FL

Zip

33314

Country

BRUNNEN

Zip

33314

Country

BRUNNEN

6. Name and Address of Current Registered Agent

FREEMAN, RONALD  
3733 NE-208 ST  
AVENTURA FL 33180

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, RONALD	
STREET ADDRESS	3733 NE-208 ST	
CITY-ST-ZIP	AVENTURA FL 33180	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	FREEMAN, ARLENE	
STREET ADDRESS	3733 NE-208 ST	
CITY-ST-ZIP	AVENTURA FL 33180	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHANNON MOORE	
STREET ADDRESS	720 HERITAGE WAY	
CITY-ST-ZIP	WESTON, FL 33326	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RONALD FREEMAN	
STREET ADDRESS	3733 N.E. 208 <sup>th</sup> ST	
CITY-ST-ZIP	AVENTURA, FL 33180	
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		
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 #

1-22-04 9543223736