

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 01, 2004 8:00 am**  
**Secretary of State**

04-01-2004 90038 029 \*\*\*150.00



**DOCUMENT # P02000094031**

1. Entity Name  
**JOSE PASTRANA ENTERPRISES, INC.**

Principal Place of Business  
**399 B ENTERPRISE STREET  
OCOOE, FL 34761**

Mailing Address  
**399 B ENTERPRISE STREET  
OCOOE, FL 34761**

24032774



2. Principal Place of Business  
**691 Business Park Blvd**

3. Mailing Address  
**691 Business Park Blvd**

Suite, Apt. #, etc.  
**Suite 103**

Suite, Apt. #, etc.  
**Suite 103**

03252004 Chg-P CR2E034 (10/03)

City & State  
**Winter Garden**

City & State  
**Winter Garden FL**

4. FEI Number  
**04-3712255**

Applied For  
Not Applied

Zip  
**FL 34787**

Country  
**Orange**

Zip  
**34787**

Country  
**Orange**

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

**6. Name and Address of Current Registered Agent**

**PASTRANA, JOSE  
399 B ENTERPRISE STREET  
OCOOE, FL 34761**

**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 \_\_\_\_\_ (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	<b>PASTRANA, JOSE</b>	
STREET ADDRESS	<b>399 B ENTERPRISE STREET</b>	
CITY-ST-ZIP	<b>OCOOE, FL 34761</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Ad
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

3/20/04 407-383-4478