


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000098615 1. Entity Name JUNGLE GYM, INC.	
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Principal Place of Business 2968 AVENTURA BLVD. AVENTURA, FL 33180	Mailing Address 2968 AVENTURA BLVD. AVENTURA, FL 33180
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07192004 No Chg-P CR2E034 (10/03)


DO NOT WRITE IN THIS SPACE

4. FEI Number 74-3064406	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CUENCA, JULIE A 3064 NE 210TH STREET AVENTURA, FL 33180

**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  (NOTE: Registered Agent signature required when reappointing) **8/30/4** DATE

**FILE NOW!!! FEE IS \$450.00
Due by September 8, 2004**

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

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CUENCA, JULIE A 2968 AVENTURA BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAVERO, FLOR DE MARIA 2968 AVENTURA BLVD. AVENTURA, FL 33180
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09/10/04-80002-016 150.00

**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:  **8/30/4** **305-932-1496**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #