

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90225 011 \*\*\*150.00

**DOCUMENT # P02000104509**

1. Entity Name  
**J.S. SERVICES ENTITY, INC.**



Principal Place of Business  
**14865 SW 63 ST  
MIAMI, FL 33193**

Mailing Address  
**14865 SW 63 ST  
MIAMI, FL 33193**

**94071330**



2. Principal Place of Business  
**15459 SW 57TH STREET**

3. Mailing Address  
**15459 SW 57TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**04272004 Chg-P CR2E034 (10/03)**

City & State  
**MIAMI, FL.**

City & State  
**MIAMI, FL.**

4. FEI Number  
**55-0798424**

Applied For  
☐ Not Applicable

Zip  
**33193** Country  
**USA**

Zip  
**33193** Country  
**USA**

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

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

**VARGAS, MAURICIO  
14865 SW 63 ST  
MIAMI, FL 33193**

**7. Name and Address of New Registered Agent**

Name  
**VARGAS, MAURICIO**

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

**15459 SW 57TH STREET**

City  
**MIAMI**

**FL**

Zip Code  
**33193**

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)

**4-27-04**

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 **DPST** ☐ Delete  
NAME **VARGAS, MAURICIO**  
STREET ADDRESS **14865 SW 63 ST**  
CITY-ST-ZIP **MIAMI, FL 33193**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **VARGAS, MAURICIO**  
STREET ADDRESS **15459 SW 57TH STREET**  
CITY-ST-ZIP **MIAMI, FL. 33193**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

**4-27-04 305-610-6599**

Date

Daytime Phone #