FILED
Jul 07, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110484

1. Entity Name
JO SALES, INC.

Principal Place of Business	Mailing Address
8415 SW 107 AVE STE 322W MIAMI, FL 33173	8415 SW 107 AVE STE 322W MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE

07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
02-0647629

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

OLIVA, JORGE
8415 SW 107 AVE STE 322W
MIAMI, FL 33173

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	OLIVA, JORGE
STREET ADDRESS	8415 SW 107 AVE STE 322W
CITY ST ZIP	MIAMI, FL 33173
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
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NAME	
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CITY ST ZIP	

UD00000163530
07/07/04-80005-009 550.00

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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: _____ 7/1/04
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #