

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000002150

1. Entity Name
JG SOUTH FLORIDA INVESTMENT CORP.



FILED

04 MAY 19 AM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1500 SAN REMO AVENUE SUITE ~~177~~
CORAL GABLES, FL 33146

Mailing Address
1500 SAN REMO AVENUE SUITE ~~177~~
CORAL GABLES, FL 33146



2. Principal Place of Business
Suite, Apt. #, etc. **#103**

3. Mailing Address
Suite, Apt. #, etc. **#103**

05182004 Chg-P CR2E034 (10/03)

4. FEI Number
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
BARED, PABLO R ESQ
1500 SAN REMO AVENUE SUITE ~~177~~
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) **#103**
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 \$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLON, JESUS GALDO		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 177		STREET ADDRESS	Suite 103	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLON, IGNACIO JESUS G		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 177		STREET ADDRESS	Suite 103	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAURETTA, INAKI RAFAEL G		NAME		
STREET ADDRESS	1500 SAN REMO AVENUE SUITE 177		STREET ADDRESS	Suite 103	
CITY-ST-ZIP	CORAL GABLES, FL 33146		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS	100037626211	
CITY-ST-ZIP			CITY-ST-ZIP	06/03/04--01032--032 **158.75	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **J. Galdos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/18/04 3056666010

Date Daytime Phone #

[Handwritten signature]