


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 07, 2004 8:00 am
Secretary of State

06-07-2004 90007 010 ***550.00

DOCUMENT # P03000017848	
1. Entity Name GRUPO JACE INC.	

Principal Place of Business 1633 E. VINE ST. SUITE 202 KISSIMMEE, FL 34744 US	Mailing Address 1633 E. VINE ST. SUITE 202 KISSIMMEE, FL 34744 US
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14023510



2. Principal Place of Business 169 E FLAGLER ST Suite, Apt. #, etc. 1534 City & State MIAMI FL Zip 33131 Country DADE	3. Mailing Address 169 E FLAGLER ST Suite, Apt. #, etc. 1534 City & State MIAMI FL Zip 33131 Country DADE
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03272003 Chg-P CR2E034 (10/03)

4. FEI Number
76-0732160
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent CARDENAS-CARDENAS, YULLY E 1633 E. VINE ST. SUITE 202 KISSIMMEE, FL 34744	7. Name and Address of New Registered Agent Name CARDENAS - CARDENAS, YULLY E Street Address (P.O. Box Number is Not Acceptable) 169 E FLAGLER ST. # 1534 City MIAMI FL Zip Code 33131
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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 Yully E Cardenas DATE 06/03/04
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDENAS-CARDENAS, YULLY E 1633 E. VINE ST. SUITE 202 KISSIMMEE, FL 34744 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDENAS-CARDENAS, YULLY E 169 E FLAGLER ST. STE. 1534 MIAMI, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Yully E Cardenas DATE 06/03/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR