

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/24/2004-90001-038-\$150.00-\$150.00

DOCUMENT # P03000020848

1. Entity Name  
JACINTHO, INC.



Principal Place of Business  
1800 N.W. 78TH AVENUE  
PEMBROKE PINES, FL 33024

Mailing Address  
1800 N.W. 78TH AVENUE  
PEMBROKE PINES, FL 33024

2. Principal Place of Business  
640 SE 6 AVE  
Suite, Apt. #, etc.

3. Mailing Address  
640 SE 6 AVE  
Suite, Apt. #, etc.

City & State  
DeLray Bch, FL  
Zip 33483 Country WPB

City & State  
DeLray Bch, FL  
Zip 33483 Country WPB

4. FEI Number 30-0152429

Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

COLON, JORGE  
1800 N.W. 78TH AVENUE  
PEMBROKE PINES, FL 33024

7. Name and Address of New Registered Agent

Name COLON, JORGE  
Street Address (P.O. Box Number is Not Acceptable)  
640 SE 6 AVE  
City DeLray Bch FL Zip Code 33483

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 JORGE COLON PL 09-7-04  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00  
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 PD  
NAME COLON, JORGE  
STREET ADDRESS 1800 N.W. 78TH AVENUE  
CITY-ST-ZIP PEMBROKE PINES, FL 33024 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME COLON, JORGE  
STREET ADDRESS 640 SE 6 AVE  
CITY-ST-ZIP DeLray Bch, FL 33483 ☒ Change ☐ Addition

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

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

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

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

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

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: JORGE COLON PL 09-7-04 305-802-6991  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11-02-04

To whom it may concern:

Enclosed you will find the requested.

I would appreciate if you will take  
in consideration the delay due to not  
being present at the office due to  
inconvenience with hurricane and the mail  
taking a long time

Thank you  
