2004 FOR PROFIT CORPORATION

FILED Jul 12, 2004 8:00 am Secretary of State

ANNOAL ILLI OILI		SCCI	ciary or State
DOCUMENT # P03000022871 1. Entity Name J G INNOVATIONS CORP			2004 90032 039 ***150.00
Principal Place of Business Mailing Address		1	
2600 SOUTH COURSE DR 2600 SOUTH COURSE DR		,	F4004
POMPANO BEACH, FL.: 33069 POMPANO BEACH, FL. 330	n69		54061962
	000	*	
,			
Principal Place of Business 3. Mailing Address			
6663 Jacques Way 6663 Jacq	ves way		III BOILE III) - III III III III III III III III
Suite, Apt. #, etc. Suite, Apt. #, etc.	"	07072004 Chg-P	CR2E034 (10/03)
			,
City & State City & State	, C i	4. FEI Number 01-07-7	Applied For
LAKE WORTH, FL LAKE WORTH		01-077	
Zip	Country	5. Certificate of Status Desired	S8.75 Additional
33463 US A 33463 6. Name and Address of Current Registered Agent	<u> </u>	7. Name and Address of New	
6. Name and Address of Current negistered Agent	Name	· · · ·	
GARBARSKY, JAMES		JAMES GAR	-BARSKY
2600 SOUTH COURSE DR	Street Address (P.O. Box Number is Not Acceptab	(e) _ c / \ \ \ \ ()
POMPANO BEACH, FL 33069		6663 JACP	JES WAY
. "			' }
To right,	City , n	LIT WAR TH	Zip Code
<u> </u>		KE WORTH	33467
The above named entity submits this statement for the purpose of changing its reg the obligations of registered agent. //	gistered office or register	red agent, or both, in the State of F	lorida. I am familiar with, and accept
the obligations of registered agent.			7/7/2001
SIGNATURE			7/7/204
	egistered Agent signature required	d when reinstating)	DATE
Fit F NOWILL FFF IS \$150.00 9. Election Campaign	Engagina &E	00.44 D. In accordance	
TILL HOWING TEL IO TIONION	·		with s. 607.193(2)(b), F.S., the d not receive the prior notice.
Due by September 8, 2004 Trust Fund Contribu		557	F
OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 11
Tifu£ 1/2 Delete	TITLE		≥ Change ☐ Addition
NAME GARBARSKY, JAMES	NAME JA-	MES GARBARSUY S Jacques WAY UR WORTH, FZ 33'	•
STREET ADDRESS 2600 SOUTH COURSE DR	STREET ADDRESS 666≤	Jacqueswiry	1/ 3
CITY ST-ZIP POMPANO BEACH, FL 33069	CITY-ST-ZIP A	HE WORTH, FL SS	
TITLE 2 Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP	CITY-ST-ZIP		
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CITY-ST-ZIP	CITY-ST-ZIP		
TITLE Delete	TITLE	•	Change Addition
NAME	NAME STREET ADDRESS	•	-
STREET ADDRESS CITY-ST-ZIP	CITY-ST-ZIP		
TITLE Delete	TITLE ·		☐ Change ☐ Addition
NAME	NAME STREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS		•
	.,,		I fourth a gentification that the information
12. I hereby certify that the information supplied with this filing does not qualify for the indicated on this report or supplemental report is/frue and accurate and that my	ie exemption stated in Si signature shall have the	ection 119.07(3)(i), Florida Statutes i same legal effect as if made unde	s. I further certify that the information are oath; that I am an officer or director I
 In the control of the c			5 Block 40 Block 44 3
of the corporation or the receiver or trustee empdwered to execute this report as	required by Chapter 60	 Florida Statutes; and that my na 	me appears in Block 10 or Block 11 if
12. I hereby certify that the information supplied with this filling does not duality for the indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered.	required by Chapter 60	 Florida Statutes; and that my na 	me appears in Block 10 or Block 11 if
of the corporation or the receiver or hustee empowered to execute this report as changed, or on an attachment with an address, with all other like empowered. SIGNATURE:	required by Chapter 60 سندر	7, Florida Statutes; and that my na	me appears in Block 10 or Block 11 if