2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State
03-09-2004 90024 017 ***150.00

DOCUMENT # P03000024512

1. Entity Name
JLE SERVICES,INC

MOORE CR2E034 (11/03)

Principal Place of Business	Mailing Address
512 WEST 79TH PLACE HIALEAH FL 33014 US	512 WEST 79TH PLACE HIALEAH FL 33014 US

2. Principal Place of Business	3. Mailing Address
512 West 79 Place	512 W 79 Pl
Suite, Apt. #, etc.: Home'	Suite, Apt. #, etc.: Home'
City & State: Hialeah Florida.	City & State: Hialeah Flo
Zip: 33014 / Country: Dade'	Zip: 33014 / Country: Dade

4. FEI Number: 56-2343862 — ☐ Applied For ☑ Not Applicable

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

6. Name and Address of Current Registered Agent

ESQUIVEL, JORGE L
512 WEST 79TH PLACE
HIALEAH FL 33014

7. Name and Address of New Registered Agent

Name: Jorge Luis Esquivel
Street Address (P.O. Box Number is Not Acceptable): 512 W 79 Place
City: Hialeah FL Zip Code: 33014

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: [signature] Signature, typed or printed name of registered agent and title if applicable
[signature] (NOTE: Registered Agent signature required when reinstating) DATE: 3-3-2004

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Jorge Luis Esquivel 512 West 79 Place Hialeah FL 33014 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3-3-2004 Daytime Phone #: 305 8270798