## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT-**

## Sep 01, 2004 8:00 am Secretary of State **DOCUMENT# P03000044231** 08-20-2004 90002 039 \*\*\*150 00 JRGDISTRIBUTORS.INC. MailingAddress PrincipalPlaceofBusiness 66433004 19109 STREAMSIDE CT 19109 STREAMSIDE CT BOCA RATON, FL 33498 BOCA RATON, FL 33498 2. PrincipalPlaceofBusiness 3. MailingAddress Suite, Apt.#, etc. Suite, Apt. #, etc. 07122004 CR2E034(10/03) City&State City&State 4. FEINumber AppliedFor 06-169065 NotApplicable Ζiρ Country Country \$8.75 Additional 5. CertificateofStatusDesired FeeRequired 6. NameandAddressofCurrentRegisteredAgent 7. NameandAddressofNewRegisteredAgent SPIEGEL&UTRERA, P.A. StreetAddress (P.O.BoxNumberisNotAcceptable) 1840SW22NDST. 4THFLOOR MIAMI,FL33145 ZipCode City 8. The above namedent it you bruits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I amfamilia with, and accept theobligationsofregisteredagent. SIGNATURE Signature, typedorprinted name of registered agent and title tapplicable (NOTE:RegisteredAgentsignaturerequiredwherreinstating) DATE 9. ElectionCampaignFinancing \$5.00 MayBe FILE NOW!!! FEE IS \$150.00 Inaccordancewiths.607.193(2)(b),F.S.,the Due by September 8, 2004 TrustFundContribution. AddedtoFees corporation did not receive the prior notice. 10. **OFFICERSANDDIRECTORS** 11. ADDITIONS/CHANGESTOOFFICERSANDDIRECTORSIN11 Addition TITLE **PSTD** Delete TITLE Change RICHMAN, JUDITHE MANE NAME 19109STREAMSIDECT STREETADORESS STREETADDRESS CITY-ST-ZIP **BOCARATON,FL33498** CITY-ST-7P TITLE Delete TIFLE ☐ Change ☐ Addition NAME NAME STREETADORESS STREETADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete ■ Addition TITLE TITLE NAME NAME STREETADORESS STREETADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREETADDRESS STREETADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREETADDRESS STREETADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Oelete NAME NAME STREETADDRESS STREETADORESS CITY-ST-ZIP CITY-ST-ZIP Iherebycertifythattheinformationsupplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. If urther certify that the information indicated on this report or suppliemental report is true and accurate and that mysignature shall have the same legal effect as if made under out, that is man 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 myname appears in Block 10 or Block 11 if changed, or one natarch mentwith an address, with all other like empowered. SIGNATURE:

**FILED** 



## **Division of Corporations**

66433604

Receipt

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66433004



Phone: 561-488-3655

Fax: 561-488-3655

## JRG DISTRIBUTORS INC.

August 12, 2004

Division of Corporations 2670 Executive Circle Suite 100 Tallahassee, FL 32301

To Whom It May Concern:

Enclosed you will find a check in the amount of \$150.00 to pay for the fee associated with the filing of the Annual Report for JRG Distributors, Inc. (Document P03000044231) Tracking No. 000034886990). Attached is the Receipt I printed on 4/30/04 when I filed the report on line. At that time I submitted a credit card number and was under the impression that the report was filed and paid for. It appears that the financial component of the filing did not register correctly, therefore, I am forwarding the check to complete the transaction.

Thank you for attending to this matter. Please contact me by telephone if there are any questions regarding this matter.

Sincerely,

Judith Richman, Pres.