


# 2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90030 016 \*\*\*150.00

<b>DOCUMENT # P03000049356</b>			
1. Entity Name <b>JAG ENTERPRISES OF BROWARD, INC.</b>			
Principal Place of Business <b>5384 SW 119TH AVENUE COOPER CITY FL 33330</b>		Mailing Address <b>5384 SW 119TH AVENUE COOPER CITY FL 33330</b>	
2. Principal Place of Business		3. Mailing Address <b>5722 S. FLAMINGO RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>367</b>	
City & State		City & State <b>FT LAUD. FLORIDA</b>	
Zip	Country	Zip	Country
<b>33330</b>		<b>33330</b>	<b>USA</b>
6. Name and Address of Current Registered Agent <b>MANUEL, GREGORY E 5384 SW 119TH AVENUE COOPER CITY FL 33330</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUEL, GREGORY E 5384 SW 119TH AVENUE COOPER CITY FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANUEL, THERESA C 5384 SW 119TH AVENUE COOPER CITY FL 33330 <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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-5-04**

Date

**954-791-1188**

Daytime Phone #