
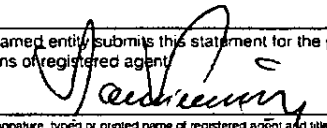



2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2004 8:00 am
Secretary of State

02-12-2004 90026 030 ***150.00

DOCUMENT # P03000050693 1. Entity Name J & A INTERNATIONAL, INC.					
Principal Place of Business 615 71 ST MIAMI BCH FL 33141			Mailing Address 615 71 ST MIAMI BCH FL 33141		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 26-0079793	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent HART, DAVID J 21 SE 1ST AVE 10TH FL MIAMI FL 33131				7. Name and Address of New Registered Agent Name JIMENEZ, JAIME Street Address (P.O. Box Number is Not Acceptable) 615 71 STREET City MIAMI BEACH, FL Zip Code 33141	
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  JIMENEZ, JAIME DATE 02-09-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP D CEBALLOS, JAIME J 21 SE 1 AVE 10TH FL MIAMI FL 33131				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP PRESIDENT JIMENEZ, JAIME 615 71 STREET MIAMI BEACH, FL 33141	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP D DE JIMENEZ, LUZ MILA A 21 SE 1 AVE 10TH FL MIAMI FL 33131				TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP VICE-PRESIDENT DE JIMENEZ, LUZ MILA A 615 71 STREET MIAMI BEACH, FL 33141	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
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:  JIMENEZ, JAIME <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE 02-09-04 DAYTIME PHONE # (305) 8653166	