

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90261 002 \*\*\*150.00

**DOCUMENT # P03000058635**

1. Entity Name  
**EECO JACK SERVICE, INC.**



Principal Place of Business

**2457 W. 80 STREET #3  
HIALEAH, FL 33018**

Mailing Address

**2457 W. 80 STREET #3  
HIALEAH, FL 33018**

**94073200**

2. Principal Place of Business

**2445 W 80th ST.**

3. Mailing Address

**2445 W. 80 ST.**

Suite, Apt. #, etc.

**#1**

Suite, Apt. #, etc.

**#1**

04212004

Chg-P

CR2E034 (10/03)

City & State

**HIALEAH FL.**

City & State

**HIALEAH FL.**

4. FEI Number

**55-0831531**

Applied For

Not Applicable

Zip

**33016**

Country

**U.S.**

Zip

**33016**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MONZON, NILDA  
2457 W. 80 STREET #3  
HIALEAH, FL 33018**

7. Name and Address of New Registered Agent

Name **NILDA MONZON**  
Street Address (P.O. Box Number is Not Acceptable)  
**4161 W. 18th CT.**  
City **HIALEAH** FL Zip Code **33012**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MONZON, NILDA	
STREET ADDRESS	4161 W 18 COURT	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MONZON, EMANUEL	
STREET ADDRESS	3425 COLLINS AVENUE #914	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MONZON, EMILIO F	
STREET ADDRESS	3425 COLLINS AVENUE #914	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> 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:

**NILDA MONZON**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/20/04 305 362 6661**  
Date Daytime Phone #