

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91259 046 ***150.00

| | |
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| DOCUMENT # P03000061431 | |
| 1. Entity Name | |
| J & O PRINTING, INC. | |

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94083904

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|---|---|
| 2. Principal Place of Business 2750 WEST OAKLAND PARK BLVD. Suite, Apt. #, etc. 10 City & State FORT LAUDERDALE, FL | 3. Mailing Address 2750 W OAKLAND PARK BLVD Suite, Apt. #, etc. 10 City & State FORT LAUDERDALE, FL |
| Zip 33311 | Country |

| | |
|--|---------------------------------------|
| 4. FEI Number 42-1592255 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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7. Name and Address of Current Registered Agent

| | |
|---|------------------------------------|
| Name JEAN NAZAIRE | |
| Street Address (P.O. Box Number is Not Acceptable) 2750 WEST OAKLAND PARK BLVD., SUITE 10 | |
| City FORT LAUDERDALE | FL Zip Code 33311 |

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**

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JEAN NAZAIRE 2750 W OAKLAND PARK BLVD. #107 FORT LAUDERDALE, FL 33311 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARIE OLDA NAZAIRE 2750 W OAKLAND PARK BLVD. #107 FORT LAUDERDALE, FL 33311 |
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:



JEAN NAZAIRE

4/29/2004

(954) 667-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #