


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 10, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90001 006 \*\*\*150.00

<b>DOCUMENT # P03000064369</b>	
<b>1. Entity Name</b> JEY CORPORATION	

<b>Principal Place of Business</b> 2012 N.W. 5TH STREET MIAMI FL 33125	<b>Mailing Address</b> 2012 N.W. 5TH STREET MIAMI FL 33125
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*1607 SW 8 st.*

<b>2. Principal Place of Business</b> MIAMI Suite, Apt. #, etc. FL.	<b>3. Mailing Address</b> 2012 NW 5 ST. Suite, Apt. #, etc. MIAMI
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<b>City &amp; State</b> FL.	<b>City &amp; State</b> FL.
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<b>Zip</b> 33135	<b>Country</b> DADE	<b>Zip</b> 33125	<b>Country</b> DADE
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<b>6. Name and Address of Current Registered Agent</b> CALIX, NORMA 2012 N.W. 5TH STREET MIAMI FL 33125	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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<b>4. FEI Number</b> 41-2117285	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required
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<b>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.</b>
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<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable.	<b>DATE</b> (NOTE: Registered Agent signature required when reinstating)
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<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>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>	<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>
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<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>NAME</b> CALIX, NORMA	<input type="checkbox"/> Delete	<b>NAME</b> CALIX, NORMA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>STREET ADDRESS</b> 2012 N.W. 5TH STREET	<input type="checkbox"/> Delete	<b>STREET ADDRESS</b> 2012 N.W. 5TH STREET	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>CITY-ST-ZIP</b> MIAMI FL 33125	<input type="checkbox"/> Delete	<b>CITY-ST-ZIP</b> MIAMI FL 33125	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>NAME</b> CALIX, LUIS	<input type="checkbox"/> Delete	<b>NAME</b> CALIX, LUIS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b> D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>NAME</b> CALIX, ERICA	<input type="checkbox"/> Delete	<b>NAME</b> CALIX, ERICA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>
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<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<b>DATE</b> 2/3/04	<b>Daytime Phone #</b> 305-644-1220
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