2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

NATURE AND TYPED OR PRINTED NAME OF SIGNI

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000066001 1. Entity Name 04-26-2004 90419 009 ***150.00 AWNINGS BY JJ' CORP. Principal Place of Business Mailing Address 8041 W/21 AVE 8041 W 21 AVE HIALEAH FL 33016 HIALEAH FL 33016 2. Principal Place of Business 3. Mailing Address 8041 W 21 8041 W21 Suite, Apt. #, etc. CR2E034 (11/03) City & State HIALEH 4. FEI Number Applied For City & State HIALEAH 56-23695**70** Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JIMENEZ **ANDRES** Street Address (P.O. Box Number is Not Acceptable) 3971 NW 168 TERR MAMI FL 33055 Zip Code GARdens dement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named ent the obligations of MANNY A. LIHENEY. SIGNATURE FILE NOW! 4 FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P-VP-S-T-D LIMENEZ, MANNY A Change TITLE **PSD** ___ Delete TITLE Addition JIMENEZ, MANNY A NAME NAME 11484 NW 88 AVE 11484 NW 88 AVE. STREET ADDRESS STREET ADDRESS HIAlesh Gardens HIALEAH GARDENS FL 33018 CITY-ST-ZIP 33018 CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME JIMÉNEZ, ANDRES NAME 3971 NW 168 TERR STREET ADDRESS STREET ADDRESS MIAMI FL 33055 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS 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.

FILED