

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-15-2004 90084 033 ***150.00

DOCUMENT # P03000082576					
1. Entity Name JAZLIN CORP.					
Principal Place of Business 13499 BISCAYNE BLVD. STE. 214 NORTH MIAMI, FL 33181			Mailing Address 13499 BISCAYNE BLVD. <i>13108 Ambrose</i> STE. 214 <i>Riverview Fl</i> NORTH MIAMI, FL 33181		
2. Principal Place of Business <i>13108 AMBROSE PL</i>			3. Mailing Address Suite, Apt. #, etc.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <i>RIVERVIEW</i>			City & State <i>FLORIDA</i>		
Zip <i>33569</i>		Country <i>USA</i>		4. FEI Number <i>26-0067623</i>	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent RODRIGUEZ, FERNANDO 13108 AMBROSE PLACE RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☐ Delete RODRIGUEZ, FERNANDO 13108 AMBROSE PLACE RIVERVIEW, FL 33569		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____			FERNANDO RODRIGUEZ 3/22/2004 (217) 7410794		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

66409176



03102004 Chg-P CR2E034 (10/03)