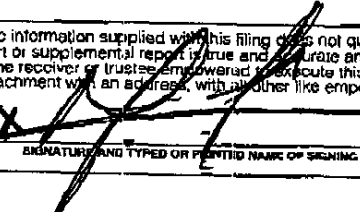


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093672			
1. Entity Name JAEGER, REINBERG AND ASSOCIATES, CORP.			
Principal Place of Business: 700 SW 110 AVE #105 PEMPROKE PINES, FL 33025		Mailing Address: 700 SW 110 AVE #105 PEMPROKE PINES, FL 33025	
2. Principal Place of Business 719 Bald Cypress Rd.		3. Mailing Address 719 Bald Cypress Rd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State Weston, FL	
Zip 33327 Country USA		Zip 33327 Country USA	
4. FEI Number 83-0369222		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MATUTE, MARIO L 700 SW 110 AVE # 05 PEMPROKE PINES, FL 33025		7. Name and Address of New Registered Agent	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		Zip Code	
FL			
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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relocating.) 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 MATUTE, MARIO L 700 SW 110 AVE #105 PEMPROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHAFER, LADISLAUS J 700 SW 110 AVE #105 PEMPROKE PINES, FL 33025 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800036274548 ☐ Change ☐ Addition 05/13/04--01074--005 **158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	OV ☐ Change ☒ Addition Maria Jose Delgado 719 Bald Cypress Rd Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ☐ Change ☒ Addition Jorge Reinberg 719 Bald Cypress Rd. Weston, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		SIGNATURE: Maria Jose Delgado 954-660-0047	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date _____ Daytime Phone # _____	

FILED

04 MAY -7 PM 12:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04292004 Chg-P CR2E034 (10/03)