2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000093672

1. Entity Name
JAEGER, REINBERG AND ASSOCIATES, CORP.

FILED
04 MAY -7 PM 12:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
700 SW 110 AVE #105 PEMBROKE PINES, FL 30025	700 SW 110 AVE #105 PEMBROKE PINES, FL 30025

04292004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
719 Bald Cypress Rd.	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 30025

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 _____
Signature, type or printed name of registered agent and title if applicable. (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 MATUTE, MARIO L 700 SW 110 AVE #105 PEMPROKE PINES, FL 30025	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SCHAFFER, LADISLAUS J 700 SW 110 AVE #105 PEMPROKE PINES, FL 30025	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800036274568 ☐ Change ☐ Addition 05/13/04--01074--005 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV Maria Jose Delgado 719 Bald Cypress Rd Weston, FL 33327 ☐ Change ☑ Addition
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 Jorge Reinberg 719 Bald Cypress Rd. Weston, FL 33327 ☐ Change ☑ Addition
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: _____ Maria Jose Delgado 954-660-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #