2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State
06-18-2004 90001 011 ***558.75

DOCUMENT # P03000100259

1. Entity Name
J L CAMPOS EQUIPMENTS, INC.

66429647

03152004 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
8421 NW 8TH STREET #206 MIAMI, FL 33126	8421 NW 8TH STREET #206 MIAMI, FL 33126

2. Principal Place of Business	3. Mailing Address
3340 SW 92 AVE	3340 SW 92 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33165 Country: USA	Zip: 33165 Country: USA

4. FEI Number 134262975 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAMPOS, JORGE L
8421 NW 8TH STREET #206
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: Campos, Jorge L
Street Address (P.O. Box Number is Not Acceptable): 3340 SW 92 AVE
City: Miami FL Zip: 33165

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] 06/14/04
Signature, typed 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	D CAMPOS, JORGE L 8421 NW 8TH STREET #206 MIAMI, FL 33126	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Campos, Jorge L 3340 SW 92 AVE Miami, FL, 33165	☑ 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: [signature] 06/14/04 (786) 253-2488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #