## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Apr 26, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # P0300010  JSIC SUPPLIES, INC.		04-26-2004 91005 035 ***150.00						
Principal Place of Business 8635 NW 8TH STREET SUITE 306 MIAMI, FL 33126		Mailing Address 8635 NW 8TH STREET SUITE 306 MIAMI, FL 33126						(14 <b>4) 8</b> (8) <b>8</b>	···
2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.	THE PETER PROPERTY AND ADDRESS OF THE PETER PROPERTY ADDRE		04232004	Chg-P	CR2E0	34 (10/03)	
City & State		City & State	•		4. FEI Numbe	02445		No	oplied For ot Applicable
Zip	Country	Country Zip Cou		try	-5Certificate	of Status Desired		<b>\$8.75</b> . Add Fee Required	
6. Name and Address of Current Registered Agent			]	7. Name and Address of New Registered Agent					-
				Name					
HERNANDEZ, RAMIRO A 8635 NW 8TH STREET SUITE 306			Street Address (P.O. Box Number is Not Acceptable)						
MIAMI, FL 33126				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									
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 \$5.00  Trust Fund Contribution.   Added									
16.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OF	FFICERS AND	DIRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.5 y							☐ Change	☐ Addition
TITLE NAME STREET ADDRESS								☐ Change	☐ Addition
CITY-ST-ZIP	PEMBROKE PINES, FL 33024 CITY			-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			<del></del>			Change	Adultion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	□ Delete	CITY	E EET ADDRESS -ST-ZIP				Change	Addition
indicated	certify that the information supplied will on this report or supplemental report poration or the receiver or trustee em, or on an attachment with address	tie true and accurate and that r	mu ciana	tura chall have the c	eamo lonal offoc	fine if made unde	or ooth: that I a	om an afficer	or disposes