


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 09, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90751 004 \*\*\*150.00

**DOCUMENT # P03000106676**  
 1. Entity Name  
**JOSE JR'S SANDWICH SHOP, INC.**



Principal Place of Business 517 East Michigan Mailing Address East  
**517 MICHIGAN STREET** **517 MICHIGAN STREET**  
**ORLANDO, FL 32806** **ORLANDO, FL 32806**

**66427426**



2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

04282004 Chg-P CR2E034 (10/03)

8. Name and Address of Current Registered Agent  
**CABRERA-MORRIS, MARIA B**  
**517 MICHIGAN STREET**  
**ORLANDO, FL 32806**

4. FEI Number 81-0637634 Applied For Not Applicable

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

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)

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 CABRERA-MORRIS, MARIA B 2117 FOREST CLUB DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, BRIAN J 2117 FOREST CLUB DRIVE ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 lines empowered.

SIGNATURE: Maria B Cab Morris 4/29/2004 407-256-2205  
 SIGNATURE AND TITLE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #