## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

## Feb 18, 2004 8:00 am Secretary of State DOCUMENT # P03000125590 1. Entity Name 02-18-2004 90018 033 \*\*\*150.00 J2RO PROPERTIES, INC. Principal Place of Business Mailing Address 514 N VICTORIA PARK RD 514 N VICTORIA PARK RD 24011918 FT LAUDERDALE FL 33301-3748 FT LAUDERDALE FL 33301-3748 2. Principal Place of Business 3. Mailing Address 514 N. VICTOM Suite, Apt. #, etc MOORE CR2E034 (11/03) City & State City & State 4. FEi Number Applied For 77-0612733 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired BLUNCO Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIRULLO, JR., MICHAEL D ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 3099 E COMMERCIAL BLVD STE 200 FT LAUDERDALE FL 33308 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) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE TITLE ☐ Delete OLEG PETROV 514 N. VICTOLIA PK ROAD ☐ Change Addition NAME NAGY, JOHN A NAME 514 N VICTORIA PARK RD STREET ADDRESS STREET ADDRESS ET. LAUDELD ALE 194. 33301-3748 FT LAUDERDALE FL 33301-3748 CITY-ST-7IP CITY-ST-ZIP ROBELT LANGFELDE TITLE **■** Addition ☐ Delete TITLE NAME NAME 528 N.E. 17 WWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Manage Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**