2004 FOR PROFIT CORPORATION

FILED Aug 13, 2004 8:00 am Secretary of State

ANNUAL REPURI						07-26-200	4 90009 040 ***	550.00
DOCUM 1. Entity Name M & J PEN		015	,		,			
					r.,			
Principal Place of Business 1002 CORKWOOD DRIVE OVIEDO, FL 32765		Mailing Address 1002 CORKWOOD DRIVE OVIEDO, FL 32765			66	431912	ı yazı ilbi ibaji GSIRi lindi Silki i	idb. II (85t
, , , , , , , , , , , , , , , , , , ,		3. Mailing Address				1113 MAI EANN 1145 1261	i kara iyar kaan aaxa dark ali	
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			06142004	Chg-P	CR2E034 (10/03)	ation For
City & State					4. FEI Number	410027	No	plied For at Applicable
Zip	Country	1	Coun	try	5. Certificate o	of Status Desired	\$8.75 Add	
	5. Name and Address of Current F		<u>-</u>		7. Name and	Address of New Ri		
	3	Name						
PENA, MARIA S 1002 CORKWOOD DRIVE OVIEDO, FL 32765			ĺ	Street Address (ddress (P.O. Box Number is Not Acceptable)			
								,
,	ř · r			City			FL Zip Cod	е
9 The shows	named antity cultivite this statement for	the number of changing its ti	prieter	ed office or register	red agent or bott	in the State of Flo		and accept
 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, typed or printed name of registered agent a	and title of applicable. INDTE:	Registere	d Agent signature required	when reinstation)		DATE	
	20 20							
	LE NOW!!! FEE IS \$150.00 ue by September 8, 2004	9. Election Campaig Trust Fund Contril			.00 May Be led to Fees.	In accordance w corporation did.	rith s. 607.193(2)(b), not.receive the prior (F.S., the notice.
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/	CHANGES TO OFF	CERS AND DIRECTOR	S IN 11
TITLE	PD #	☐ Delate	TIRLE				Change	Addition
NAME	PENA, MANUEL		NAM	· · · · ·				J
STREET ADDRESS	1			ET ADDRESS -ST-ZIP]
CITY-ST-ZIP	OVIEDO, FL 32765		-					
TITLE	PENA, JUAN	☐ Delete	TITLE	1			Change	☐ Addition }
NAME STREET ADORESS	1002 CORKWOOD DRIVE	•		ET ADDRESS				- 1
CITY-ST-ZIP	OVIEDO, FL 32765			-ST-ZIP				\
TITLE	s	□ Delete	TITL			 · · · · - · - · - · - · - · · - · · - · · - ·	☐ Change	Addition
NAME	PENA MARIA		NAM				,	}
STREET ADDRESS	1002 CORKWOOD DRIVE	الهامة ويجاهلها إجار التهمين	· STRE	ST ADDRESS	. 			 -
CITY-ST-ZIP	OVIEDO, FL 32765	·	CITY	-ST-ZIP				
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STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP	· 		. 	
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STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	STRE	EET ADDRESS				į
CITY ST ZIP		<u></u>		- \$T - 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 changed, or on an attachment with an address, with all other like empowered.								
SIGNATURE: Name of Printed NAME OF EIGHING OFFICER OF DIRECTOR Date OF DIRECTOR								3831
Ī	A arministration to the court						-ajene	