

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90532 037 \*\*\*150.00

**DOCUMENT # P03000127952**

1. Entity Name  
**JUMP START TALENT AGENCY, INC.**



Principal Place of Business  
**2420 E LEJUNE ROAD  
HIALEAH, FL 33013**

Mailing Address  
**2420 E LEJUNE ROAD  
HIALEAH, FL 33013**

**50046129**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**31-7433106**

Applied For  
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, ARMANDO  
2420 E LEJUNE ROAD  
HIALEAH, FL 33013**

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

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, 2005 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 PD ☒ Delete  
NAME SMITH, LARRY P  
STREET ADDRESS 2420 E LEJUNE ROAD  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME GARCIA, ARMANDO  
STREET ADDRESS 2420 E LEJUNE ROAD  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE PD ☒ Change ☐ Addition  
NAME ARMANDO GARCIA  
STREET ADDRESS 2420 E. LEJUNE ROAD.  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE TD ☐ Delete  
NAME SAURA, LOURDES  
STREET ADDRESS 2420 E LEJUNE ROAD  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE V.P. ☒ Change ☐ Addition  
NAME LOURDES SAURA  
STREET ADDRESS 2420 E. LEJUNE ROAD  
CITY-ST-ZIP HIALEAH, FL 33013

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**ARMANDO GARCIA  
PRESIDENT**

**4/29/05**

**305-836-8666**