

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90012 037 ***150.00

DOCUMENT # P03000130599

1. Entity Name
J.C.E. EXPORT, INC.



Principal Place of Business
13380 SW 131ST STREET, SUITE 117
MIAMI, FL 33186

Mailing Address
13380 SW 131ST STREET, SUITE 117
MIAMI, FL 33186

2. Principal Place of Business

3. Mailing Address



05062004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

41-2116498

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip Country

Zip Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCAR, JUAN
13380 SW 131ST STREET, SUITE 117
MIAMI, FL 33186

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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME ESCAR, JUAN
STREET ADDRESS 13380 SW 131ST STREET, SUITE 117
CITY-ST-ZIP MIAMI, FL 33186

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition
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)(j), 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

5/5/04 786-306-4261

Date

Daytime Phone #