2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

changed, or on an attachment with an address

**SIGNATURE:** 

## Aug 20, 2004 8:00 am Secretary of State DOCUMENT # P03000142548 1. Entity Name 08-20-2004 90006 006 \*\*\*158.00 JIMENEZ INDUSTRIES, INC. Mailing Address Principal Place of Business 8877 BURMA RD 8877 BURMA RD LAKE PARK FL 33403 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address 1973 Brandywine Rd Suite, Apt. #, etc. Suite. Apt. #, etc. MOORE CR2E034 (4/04) £ 4. FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JIMENEZ, ISIDRO JR. Street Address (P.O. Box Number is Not Acceptable) 8877 BURMA RD LAKE PARK, FL 33403 Zip Code FI 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees did not receive prior notice. Fee to file is \$150.00. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change ☐ Addition ☐ Delete TITLE TITLE JIMENEZ, ISIDRO JR. NAME STREET ADDRESS STREET ADDRESS 8877 BURMA RD # A CITY-ST-ZIP LAKE PARK FL 33403 CITY-ST-ZIP ☐ Change ☐ Addition □ Delete NAME JIMENEZ, ROSA M NAME STREET ADDRESS 17895 THELMA AV. # H STREET ADDRESS CITY-ST-ZIP \_\_ JUPITER FL 33458 😑 🗕 --· CITY - ST - ZIP Change ☐ Addition TITLE Delete TITLE JIMENEZ, ELIZABETH NAME STREET ADDRESS STREET ADDRESS 17895 THELMA AV. # H CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 TIT! F Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TOTAL ☐ Change Addition TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

SIGNING OFFICER OR DIRECTOR

FILED