

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

<b>DOCUMENT # P03000153341</b> 1. Entity Name <b>JORGE, INC.</b>						<b>FILED</b> <b>04 APR 21 AM 10:37</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>04/14/04 90056 015 \$163.75</b>	
Principal Place of Business <b>15051 SW 71ST ST</b> <b>MIAMI FL 33193</b>				Mailing Address <b>15051 SW 71ST ST</b> <b>MIAMI FL 33593</b>			
2. Principal Place of Business <b>15051 SW 71ST ST</b>				3. Mailing Address <b>15051 SW 71ST ST</b>			
Suite, Apt. #, etc. <b>MIAMI</b>				Suite, Apt. #, etc. <b>MIAMI</b>			
City & State <b>MIAMI FL</b>				City & State <b>MIAMI FL</b>			
Zip <b>33193</b>		Country <b>USA</b>		Zip <b>33193</b>		Country <b>USA</b>	
4. FEI Number <b>01-0803025</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>GUERRERO, JORGE</b> <b>15051 SW 71ST ST</b> <b>MIAMI FL 33593</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <i>Jorge Guerrero</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <b>4-6-04</b> <small>(NOTE: Registered Agent signature required when registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>GUERRERO, JORGE</b> <b>15051 SW 71ST ST</b> <b>MIAMI FL 33593</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>GUERRERO, JUAN</b> <b>1002 CREEK BRIDGE RD, BLDG 14 APT 3121</b> <b>BRANDON FL 33511</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>GUERRERO, JOSE</b> <b>1002 CREEK BRIDGE RD, BLDG 14 APT 3121</b> <b>BRANDON FL 33511</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
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: <i>Jorge Guerrero</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE <b>4-6-04</b> <small>Date</small>			