

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90032 016 ***150.00

DOCUMENT # P04000016920																																																																																																																																			
1. Entity Name JIM PARTIDA INC.																																																																																																																																			
Principal Place of Business 12247 FLORIDA WOODS LANE ORLANDO, FL 32824 US			Mailing Address 12247 FLORIDA WOODS LANE ORLANDO, FL 32824 US																																																																																																																																
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address SAME AS ABOVE																																																																																																																																	
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																	
City & State		City & State		4. FEI Number 912090455																																																																																																																															
Zip		Country		Applied For Not Applicable																																																																																																																															
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent JAMES, PARTIDA 12247 FLORIDA WOODS LANE ORLANDO, FL 32824			7. Name and Address of New Registered Agent Name NONE 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 <u>J. Partida</u> 2/1/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																																																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																																																																
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. 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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: <u>J. Partida</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2/1/05 407-694-0791 <small>Date Daytime Phone #</small>																																																																																																																																