

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State

05-06-2005 90086 041 ***150.00

DOCUMENT # P04000060741					
1. Entity Name JRO HOLDINGS, INC.					
Principal Place of Business 905 W 20TH STREET HIALEAH, FL 33012			Mailing Address 905 W 20TH STREET HIALEAH, FL 33012		
2. Principal Place of Business 905 W 30 street		3. Mailing Address 905 W 30 street			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State HIALEAH, FL		City & State HIALEAH, FL			
Zip 33012		Country USA		4. FEI Number 20-1137776	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AMORES, CARIDAD 294 WESTWARD DR. MIAMI SPRINGS, FL 33166			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MACHADO, ORLANDO M 905 W 20TH STREET HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVTS MACHADO, ORLANDO M 905 W 30 ST HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVAS MACHADO, ROLANDO J. 905 W 30 ST HIALEAH, FL 33012		TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD MACHADO, JOSE R. 905 W 30 ST HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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: <u>Orlando Machado</u> <u>ORLANDO MACHADO, DVTS</u> <u>5/4/05</u> <u>7865566950</u>					