


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-24-2005 90050 046 ***150.00

DOCUMENT # P04000061543

1. Entity Name
 JOSE G., INC.



Principal Place of Business Mailing Address
 P.O. BOX 145351 P.O. BOX 145351
 CORAL GABLES, FL 33114 CORAL GABLES, FL 33114

66002904



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. 3616 SW 26 ter Suite, Apt. #, etc. 3616 SW 26 ter

02232005 Chg-P CR2E034 (10/03)

City & State Miami, FL City & State Miami, FL

Zip 33133 Country U.S.A Zip 33133 Country U.S.A

4. FEI Number 134278293 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

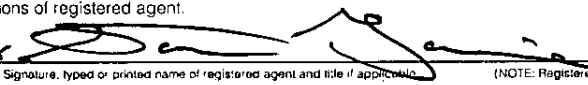
6. Name and Address of Current Registered Agent

GARCIA, JOSE
 P.O. BOX 145351
 CORAL GABLES, FL 33114

7. Name and Address of New Registered Agent

Name Garcia, Jose
 Street Address (P.O. Box Number is Not Acceptable)
 3616 SW 26 ter
 City Miami FL Zip Code 33133

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 reinstating)
 DATE 2/21/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GARCIA, JOSE	
STREET ADDRESS	P.O. BOX 145351	
CITY-ST-ZIP	CORAL GABLES, FL 33114	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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:  DATE 2/21/05 DAYTIME PHONE # 786-3566955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR