## 2005 FOR PROFIT CORPORATION

## ANNUAL REPORT **DOCUMENT # P04000130342** JUGGLING & CIRCUS PRODUCTS CORP.



FILED

Feb 07, 2005 8:00 am

Secretary of State 02-07-2005 90074 007 \*\*\*150.00 Principal Place of Business Mailing Address 7360 CORAL WAY STE 21 7360 CORAL WAY STE 21 そりひてみまりょ MIAMI, FL 33155 MIAMI, FL 33155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 20-1640554 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PENA GUTIERREZ, JUAN C Street Address (P.O. Box Number is Not Acceptable) 7360 CORAL WAY STE 21 MIAMI, FL 33155 Zip Code FL 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 'FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DΡ TITLE □ Change TITLE ☐ Delete ☐ Addition PENA GUTIERREZ, JUAN C NAME NAME 7360 CORAL WAY STE 21 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP DVS Delete TITLE ☐ Change ☐ Addition NAME CISTERNAS, ERIKA J NAME 7360 CORAL WAY STE 21 STREET ADDRESS STREET ADDRESS CITY+ST-ZIP MIAMI, FL 33155 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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: SIGNATURE AND TYPED OR PRINTED NAME

Daytime Phone #