


**- 2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000023982 1. Entity Name JRS PROPERTY MANAGEMENT CORP.	
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Principal Place of Business 4911 WEST FLAGLER ST MIAMI, FL 33134 US	Mailing Address 5723 SW 17ST MIAMI, FL 33155 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0403804	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent MORALES, JORGE 8000 SW 122ND ST MIAMI, FL 33185
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IN THIS SPACE**

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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MORALES, JORGE 8000 SW 122ND ST MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD VALLADARES, ROLANDO 6460 S.W. 27TH ST. MIAMI, FL
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02/06/04-80086-013 150.00

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IN THIS SPACE**

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 live empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____

Daytime Phone # _____