

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000024238	
1. Entity Name JRO LIQUORS, INC.	
Principal Place of Business 2901 E. LAS OLAS BLVD. FT LAUDERDALE, FL 33316	Mailing Address % PLAZA LIQUORS 2915 E LAS OLAS BLVD FT LAUDERDALE, FL 33316



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0399692

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WARD, GORDON
2901 E. LAS OLAS BLVD.
Y
FT LAUDERDALE, FL 33318

**DO NOT WRITE
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 title 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

U00000152841
05/04/04-80102-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	V
NAME	WARD, DOUGLAS
STREET ADDRESS	700 ORTON AVE. APT. 217
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-04

Date Daytime Phone #