

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 21, 2004 8:00 am**  
**Secretary of State**

04-21-2004 90031 017 \*\*\*150.00

**DOCUMENT # P93000037320**

1. Entity Name

J.M.C: EXPORTS, INC.



Principal Place of Business

2300 NW 94TH AVENUE  
SUITE 202  
MIAMI FL 33172  
US

Mailing Address

2300 NW 94TH AVENUE  
SUITE 202  
MIAMI FL 33172  
US

2. Principal Place of Business

8305 NW 27 Street

Suite, Apt. #, etc.  
Suite 113

City & State

MIAMI FL

Zip  
33122

Country  
USA

3. Mailing Address

8305 NW 27 Street

Suite, Apt. #, etc.  
Suite 113

City & State

MIAMI FL

Zip  
33122

Country  
USA



MOORE

CR2E034 (11/03)

4. FEI Number

65-0411761

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, FERNANDO J  
2300 NW 94TH AVE STE 202  
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8305 NW 27 STREET

Suite 113

City

MIAMI

FL

Zip Code

33122

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PS ☐ Delete  
NAME RUIZ, FERNANDO  
STREET ADDRESS 4575 SW 128TH AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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:**

FERNANDO RUIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/04

Date

(305) 597-0051

Daytime Phone #