2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000037655

1. Entity Name
JACCOR, INC.

Date Range: 12/06/2003 01/06/2004 (MM/DD/YYYY)

Check # Range:

Amount Range: $ $

Principal Place of Business
125 N RIVERSIDE DR
SUITE 101
POMPANO BEACH, FL 33062

Mailing Address
125 N RIVERSIDE DR
SUITE 101
POMPANO BEACH, FL 33062

Sort By: Date Descending

Items Per Page: 50

Download Format: Select Download Format

DO NOT WRITE IN THIS SPACE

View History Download History Clear Form

FILED

04 FEB 26 PM 12:34

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01062004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0413465

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HELP
AGUINALDO, JULIA
125 N RIVERSIDE DR
SUITE 101
POMPANO BEACH, FL 33062

return to top

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: Julia Aguinaldo 1-9-04
(Type 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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AGUINALDO, JULIA
STREET ADDRESS	125 N RIVERSIDE DR SUITE 101
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D
NAME	AGUINALDO, JACQUELINE
STREET ADDRESS	125 N RIVERSIDE DR SUITE 101
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000029571570
03/01/04--01025--007 **150.00

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: Julia Aguinaldo 1-9-04 954-783-2689
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #