

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000067515

1. Entity Name
M & J DONUTS #4, INC.



FILED
Apr 13, 2004 08:00 AM
Secretary of State

Principal Place of Business

**15368 NW 79TH COURT
7TH FLOOR
MIAMI LAKES, FL 33016 US**

Mailing Address

**18714 NW 67TH AVENUE
7TH FLOOR
MIAMI, FL 33015 US**



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0442787

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

**CAPOTE, BEATRIZ M
1110 BRICKELL AVE
7TH FLOOR
MIAMI, FL 33131**

**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

000000111413
04/13/04-80016-006 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTOS, MARIANO 18714 NW 67TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTOS, JORGE 18714 NW 67TH AVENUE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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

Date

Daytime Phone #

4/9/04

305 6210702