



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000070480	
1. Entity Name JACTA EST CO.	

Principal Place of Business 2333 BRICKELL AVE STE H1 MIAMI, FL 33129	Mailing Address 2333 BRICKELL AVE STE H1 MIAMI, FL 33129
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**DO NOT WRITE IN THIS SPACE**



02202004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0374479	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

MARTINEZ-CID, RICARDO  
1699 CORAL WAY  
SUITE 510  
MIAMI, FL 33145

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MONTANER, LINDA 2333 BRICKELL AV STE H-1 MIAMI, FL 33129
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD MONTANER, CARLOS A 2333 BRICKELL AV STE H-1 MIAMI, FL 33129
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000000067402  
02/26/04-80054-029 150.00

**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:  **CARLOS A. MONTANER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04 305 858-4401

Date Daytime Phone #