2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR

DOCUMENT # P9400005749 1. Entity Name JACQUES PARAY, INC.								Feb 18, 2004 08:00 AM Secretary of State				
Principal Plac	e of Busines		Ma	iling Address				Ì				•
Principal Place of Business 299 HARBOR CT.				299 HARBOR CT.								
KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149								1				
2. Principal Place of Business				3. Mailing Address]					
Suite. Apt. #, etc.			S	Suite, Apt #. etc					MOORE	CR2E034	(11/03)	
City & State				City & State				4.	El Number 65-0469797	,	, <u>, , , , , , , , , , , , , , , , , , </u>	oplied For
Zip	Zip Country		Z	Zip Cour			\$9.75 Additional			ot Applicable		
		·				5. Certificate of Status Desired Fee Require						
6. Name and Address of Current Registered Agent Nar								7. 1	lame and Address of New R	egistered	Agent	
299	RAY, JAC HARBOF	₹CT.				ddress (P.O. E	Box Number is Not Acceptable	·)			
KEY	BISCAY	NE FL 3314						· - · · · · · · · · · · · · · · · · · ·			1	
						City				FI	Zip Cod	le
The above named entity submits this statement for the purpose of changing its registered							register	red ag	ent, or both, in the State of Flo			and accept
the obligations of registered agent.												
SIGNATURE												
Signature, typed or printed name of registered again and title if applicable. (NOTE, Registered Agent signature required when renstating). DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State									Election Campaign Fin Trust Fund Contributio)0 May Be d to Fees
10.	······································	OFFICE	RS AND DIREC	TORS	11.			AD	L DITIONS/CHANGES TO OFF	IÇERŞ AN	D DIRECTOR	S IN 11
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STREET ADDRESS CITY+ST-ZIP						Y-ST-ZIP						
12. I hereby	certify that th	e information sup	plied with this fil	ing does not qualify fo	or the exe	emption stat	ed in Se	ection	119.07(3)(i), Florida Statutes.	further ce	rtify that the l	nformation
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 trustice dampowered 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 adolests, in thall other like empowered.												r or director or Block 11 if

FILED