

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90292 042 ***150.00

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1. FFI Name
J&A BROTHERS, INC.



Principal Place of Business

8250 NW 163 ST
MIAMI, FL 33016 US

Mailing Address

8250 NW 163 ST
MIAMI, FL 33016 US

**9780 NW 79th Ave
Hialeah Gardens FL 33016**

**9780 NW 79th Ave.
Hialeah Gardens
FL 33016**

14012059



04232004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FFI Number
65-0540341

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SUAREZ, JUANAM
8780 NW 78 AVE.
HIALEAH GARDENS, FL 33015

9780

**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

Agent or, before prior to new registered agent, if applicable.

(NOTE: Registered Agents must be required to file this.)

DATE

**FILE NOW! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Funding
Trust Fund Contribution ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SUAREZ, JUANAM
STREET ADDRESS	8250 NW 163 ST
CITY-STATE-ZIP	MIAMI, FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**9780 N.W. 79th Ave
Hialeah Gardens FL 33016**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for an exemption under Section 118.07(2)(b), Florida Statutes. I further certify that the information is based on the report or supplemental report, as required 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 officer or director responsible to prepare the report as required by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 as required, or on an attachment, with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Juanam M. Suarez

4.23.04

305.821.9720

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Phone Number