

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90041 002 ***150.00

DOCUMENT # P95000029034



1. Entity Name

JOSE MUNOZ, INC.

Principal Place of Business

Mailing Address

6192 DALEIGH ST-
 APT 318
 ORLANDO FL 32835

6192 DALEIGH ST
 APT 318
 ORLANDO FL 32835

2. Principal Place of Business

3. Mailing Address

6192 Raleigh St
 Suite, Apt. #, etc.
 # 318

6192 Raleigh St
 Suite, Apt. #, etc.
 # 318

City & State

City & State

ORLANDO FL.

ORLANDO FL.

Zip
 32835

Country
 USA

Zip
 32835

Country
 USA

4. FEI Number

59-3307510

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNOZ, JOSE
 1212 SHELTER ROCK RD.
 ORLANDO FL 32835

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MUNOZ, JOSE	
STREET ADDRESS	6912 DALIEGH ST	
CITY-ST-ZIP	BRADLEY FL 33835	
TITLE	P	<input type="checkbox"/> Delete
NAME	MUNOZ JOSE	
STREET ADDRESS	6192 RALEIGH ST # 318	
CITY-ST-ZIP	ORLANDO FL. 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

3/10/04

Date

Daytime Phone #