

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000084607
 1. Entity Name
 J & S OF WEST BOCA, INC.



Principal Place of Business: 9101 LAKERIDGE BLVD, #11-15 BOCA RATON, FL 33496 US
 Mailing Address: 1600 NW 100TH WAY PLANTATION, FL 33322



03222004 No Chg-P CR2E034 (10/03)

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4. FCI Number: 65-0628950 Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 ALFANO, JOSEPH C
 1600 NW 100TH WAY
 PLANTATION, FL 33322

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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 _____ DATE _____
Signature, word or printed name of registered agent and U.S. if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALFANO, JOSEPH C
STREET ADDRESS	1600 NW 100TH WAY
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	VSD
NAME	BISCOTTO, SERGIO
STREET ADDRESS	1600 NW 100TH WAY
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	TD
NAME	ALFANO, GRAZIELLA
STREET ADDRESS	1600 NW 100TH WAY
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 fee empowered.

SIGNATURE: *Graziella Alfano* GRAZIELLA ALFANO 4/15/04 (954) 475-8653
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mo-Year