


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

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

DOCUMENT # P96000058382

1. Entity Name  
 JOEL AND GINA, INC.



Principal Place of Business 13816 SW 8TH ST MIAMI, FL 33184 US	Mailing Address 13816 SW 8TH STREET MIAMI, FL 33184 US
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04272004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0679907	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

PEREZ, JOEL  
 1363 S.W. 143 AVENUE  
 MIAMI, FL 33184

**DO NOT WRITE IN THIS SPACE**

6. 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: *Joel Perez* (NOTE: Registered Agent signature required when reappointing)

DATE: 4/30/04

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

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PEREZ, JOEL 1363 S.W. 143RD AVENUE MIAMI, FL 33184
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PEREZ, GINA 1363 S.W. 143RD AVENUE MIAMI, FL 33184
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**DO NOT WRITE IN THIS SPACE**

100000150878  
 05/04/04-80023-011 150.00

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 like empowered.

SIGNATURE: *Joel Perez* 4/30/04 305 485 0052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #