
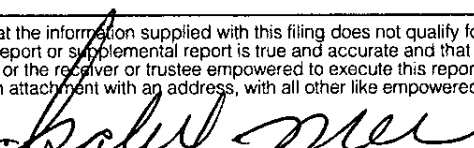


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90258 030 ***150.00

DOCUMENT # P96000066130 1. Entity Name JENY SOD SERVICE CORPORATION			
Principal Place of Business 8120 SW 13 STREET MIAMI FL 33144		Mailing Address 8120 SW 13 STREET MIAMI FL 33144	
2. Principal Place of Business 17150 S.W. 177 Ave. Suite, Apt. #, etc.		3. Mailing Address 17150 S.W. 177 Ave. Suite, Apt. #, etc.	
City & State MIAMI FLORIDA		City & State MIAMI FLORIDA	
Zip 33187		Country U.S.A.	
Zip 33187		Country U.S.A.	
6. Name and Address of Current Registered Agent MORALES, JORGE L 8120 SW 13 STREET MIAMI FL 33144		7. Name and Address of New Registered Agent Name MORALES, JORGE L. Street Address (P.O. Box Number is Not Acceptable) 17150 S.W. 177 Ave. City MIAMI FL Zip Code 33187	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, JORGE L 8120 SW 13 STREET MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MORALES, JORGE L. 17150 S.W. 177 Avenue MIAMI, FL 33187-1612 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORALES, ISABEL 8120 SW 13 STREET MIAMI FL 33144 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORALES, ISABEL 17150 S.W. 177 Avenue MIAMI, FL 33187-1612 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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: 		Date 4-15-04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # 305256-1150	