


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90315 039 \*\*\*158.75

<b>DOCUMENT # P97000004516</b>	
1. Entity Name J.I.G.S. ASSOCIATES GROUP INC.	

Principal Place of Business 11117 WEST OKEECHOBEE ROAD #109 HIALEAH GARDENS, FL 33018	Mailing Address 11117 WEST OKEECHOBEE ROAD #109 HIALEAH GARDENS, FL 33018
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94049962



2. Principal Place of Business 1800 W 49 STREET Suite, Apt. #, etc. 324-L City & State HIALEAH, FL Zip 33012 Country USA	3. Mailing Address 1800 W 49 STREET Suite, Apt. #, etc. 324-L City & State HIALEAH, FL Zip 33012 Country USA
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04082004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0720032	Applied For Not Applicable
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5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SALAZAR, JHON B 11117 WEST OKEECHOBEE ROAD #109 HIALEAH GARDENS, FL 33018	
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7. Name and Address of New Registered Agent Name SALAZAR, JHON B Street Address (P.O. Box Number is Not Acceptable) 1800 W 49 STREET City HIALEAH FL Zip Code USA	
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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 <u>Jhon B Salazar</u> DATE <u>4-8-04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, JHON B 11117 WEST OKEECHOBEE ROAD, #109 HIALEAH GARDENS, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <u>Jhon B Salazar</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>4-8-04</u> <small>Daytime Phone #</small>