

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90061 028 \*\*\*150.00

**DOCUMENT # P97000005577**

1. Entity Name

**JAG MANAGEMENT, INC.**



Principal Place of Business

**10598 N.W. SOUTH RIVER DRIVE  
MEDLEY, FL 33178**

Mailing Address

**10598 N.W. SOUTH RIVER DRIVE  
MEDLEY, FL 33178**

**DO NOT WRITE IN THIS SPACE**



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**AIBEL, JONATHAN E  
10598 N.W. SOUTH RIVER DRIVE  
MEDLEY, FL 33178**

**DO NOT WRITE  
IN THIS SPACE**

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AIBEL, JONATHAN E
STREET ADDRESS	6463 S.W. 107 STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	MIRANDA, AUDREY K
STREET ADDRESS	13033 S.W. 63 COURT
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	SIMON, GINETTE S
STREET ADDRESS	2569 LAKE AVENUE, SUNSET ISLAND II
CITY-ST-ZIP	MIAMI BEACH, FL 33140
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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

Date

Daytime Phone #

1/15/04 305-883-1920