

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000015873

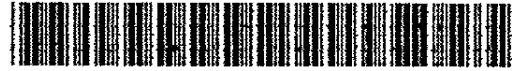
1. Entity Name
M & J DONUTS #8, INC.



Principal Place of Business
18403 NW 27TH AVENUE
MIAMI, FL 33016 US

Mailing Address
18714 NW 67TH AVE.
MIAMI, FL 33016

FILED
Apr 12, 2004 08:00 AM
Secretary of State



04092004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0742248

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CAPOTE, BEATRIZ M
1101 BRICKELL AVE. 17TH FLOOR
MIAMI, FL 33131

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SANTOS, NARIANO
8724 NW 151 TERR
MIAMI, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SANTOS, JORGE
15155 NW 92 AVE
MIAMI, FL 33016

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000109852
04/12/04-80060-002 150.00

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 #

4/9/04

305 621 0202