Apr 28 04 01:50p Little Havana Act & Nutri 3

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Apr 29, 2004 8:00 am
Secretary of State
04-29-2004 90269 041 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000016200

1. Entity Name
J.G. INDUSTRIAL, CORP.

04045310

Principal Place of Business	Mailing Address
~~801 MADRID ST~~	~~801 MADRID ST~~
~~#204~~	~~#204~~
~~CORAL GABLES, FL 33134 US~~	~~CORAL GABLES, FL 33134 US~~

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1400 Salzedo St.		1400 Salzedo St.	
Suite, Apt. #, etc. #404		Suite, Apt #, etc. #404	
City & State Coral Gables, Fl		City & State Coral Gables, Fl	
Zip 33134	Country Miami-Dade	Zip 33134	Country Miami-Dade

4. FEI Number 65-0572466 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
IGLESIAS, RAFAEL	Name: Rafael Iglesias
~~801 MADRID ST~~	Street Address (P.O. Box Number is Not Acceptable): 1400 Salzedo St. #404
~~#204~~	
CORAL GABLES, FL 33134	City: Coral Gables FL Zip Code: 33134

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 Rafael Iglesias 4/27/04
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GARCIA, JORGE ~~801 MADRID STREET #204~~ ~~CORAL GABLES, FL 33134~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P Garcia, Jorge 1400 Salzedo St. #404 Coral Gables, Fl. 33134	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: ______ 4/27/04 954-680-6344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #