

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90023 019 ***150.00

DOCUMENT # P97000028555
 1. Entity Name
 J.N.R. GROUP, INC.



Principal Place of Business: 10 FAIRWAY DR, DEERFIELD BEACH, FL 33441 US
 Mailing Address: 7000 W PALMETTO PARK RD, BOCA RATON, FL 33433 US

44016682



2. Principal Place of Business: Suite, Apt. #, etc. 302
 3. Mailing Address: 10 Fairway Dr, Suite, Apt. #, etc. 302
 City & State: Deerfield Beach, FL
 Zip: 33441

01082004 Chg-P CR2E034 (10/03)
 4. FEI Number: 65-0756711
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 RUBINEZ, RAFI
 10 FAIRWAY DR. SUITE 302
 DEERFIELD BEACH, FL 33441

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ DATE: _____

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	RUBINEZ, RAFI	
STREET ADDRESS	10 FAIRWAY DR. SUITE 302	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE	V	<input type="checkbox"/> Delete
NAME	ALFASI, JACK	
STREET ADDRESS	10 FAIRWAY DR. SUITE 302	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Jack Alfasi V.P. 3/8/04 561-368-5420 x201
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #