

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-20-2004 90022 043 ***150.00

DOCUMENT # P97000032138

1. Entity Name
JON & JOVY RENTALS APARTMENTS, INC.



Principal Place of Business
**3273 W 77TH PLACE
HIALEAH, FL 33018**

Mailing Address

**3273 W 77TH PLACE
HIALEAH, FL 33018**

2. Principal Place of Business
8903 NW 174ST

3. Mailing Address

8903 NW 174ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33018

Zip
33018

Country

Country

GUZMAN, JOSE A
3273 W 77 PL
HIALEAH, FL 33018

6. Name and Address of Current Registered Agent

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

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.

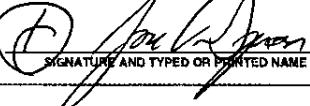
\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GUZMAN, JOSE A 3273 W 77 PL HIALEAH, 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
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04 (205) 547-4753
Date Daytime Phone #