


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 20, 2005 8:00 am**  
**Secretary of State**

07-20-2005 90029 003 \*\*\*150.00

<b>DOCUMENT # P97000069085</b> 1. Entity Name <b>JENNIFER ROBERTS, INC.</b>	
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Principal Place of Business <b>10350 NW 52 ST CORAL SPRINGS, FL 33076</b>	Mailing Address <b>10350 NW 52 ST CORAL SPRINGS, FL 33076</b>
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**50056461**



07072005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0780428</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CHAMAGUA, HUGO 10350 NW 52 ST CORAL SPRINGS, FL 33076</b>
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**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 \$550.00  
Due by September 7, 2005**

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	D CHAMAGUA, HUGO 10350 NW 52 ST CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHAMAGUA, JANET 10350 NW 52 ST CORAL SPRINGS, FL 33076
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	

**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

**7-12-05 (305) 513-0712**  
Date Daytime Phone #

ATTACHMENT  
50056466  
JENNIFER ROBERTS MILLS, INC.

July 12, 2005

Florida Department of State

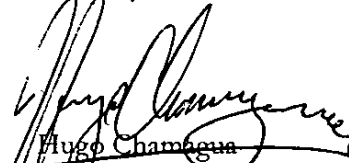
Secretary of State  
Glenda E. Hood  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Dear Sir or Madam:

Please be informed that our company never received a notice for your dead line in May 2005, document # P97000069085, reason why we respectfully will like to dispute the \$400 fine imposed to our company. We contacted your office and they advised us to send a payment of \$150 and this letter of explanation for you to make a decision on this matter. and you will contact us with your final resolution.

We appreciate your cooperation on this matter.

Sincerely,



Hugo Chamagua  
President