

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000028058



1. Entity Name
JOHNNY'S RECEPTION SYSTEMS, INC

Principal Place of Business Mailing Address
FOUR AMABASSADORS HOTEL 9737 N.W. 41ST ST., #123
801 BRICKELL BAY DRIVE MIAMI, FL 33178
MIAMI, FL 33131

54030576



2. Principal Place of Business 3. Mailing Address
9737 NW 41ST ST.
Suite, Apt. #, etc. Suite, Apt. #, etc.
123

04052004 Chg-P CR2E034 (10/03)

City & State
MIAMI, FL
Zip Country
33178 USA

City & State
Zip Country

4. FEI Number: 65-0843454 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
BERGHOLM, EDWARD JR. ESQ
1393 S.W. FIRST STREET, #200
MIAMI, FL 33135

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | PD MARANTE, JOHNNY 9737 N.W. 41ST ST., #123 MIAMI, FL 33178 | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|--|---------------------------------|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY- ST- ZIP | | <input type="checkbox"/> | <input type="checkbox"/> |

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 titles empowered.

SIGNATURE: _____

Johnny Morante
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04 786-3368153
Date Daytime Phone #