

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000042066

1. Entity Name
JL MANUFACTURING, INC.



Principal Place of Business
13204 SW 131 STREET
MIAMI, FL 33186 US

Mailing Address
12975 S W 190 TERRACE
MIAMI, FL 33177 US

FILED
Apr 22, 2004 08:00 AM
Secretary of State



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0834126

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

BAKER, JOSEPH W
12975 SW 190 TERRACE
MIAMI, FL 33177

**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 \$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

1100000125742
04/23/04-80004-014 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BAKER, JOSEPH W 12975 SW 190 TERRACE MIAMI, FL 33177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD BAKER, LUCY ANN 12975 SW 190 TERRACE MIAMI, FL 33177
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**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

Date

Daytime Phone

4-5-04 305-
2384116