2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUI 1. Entity Nami JUTELCO	# P9900	00014707			Feb 09, 2004 08:00 AM Secretary of State						
Principal Place of Business Mailing Address								_			
14535 SW 8				14535 SW 85 STREET			}				
MIAMI FL 33183				MIAMI FL 33183							
2. Principal Pi	lace of Busin	ress	3. M	3. Mailing Address							
				Contact the state			4	1 JURIJANA III IIIII IIII EASSS AMSS	. www. www. 17879 w		28-81 81 18-81 
Suite, Apt.	#, etc		. 50	Suite, Apt. #, etc.				MOORE	CR2E034	(11/03)	
City & State	e		Ci	City & State			4.	FEI Number 65-090783		}	plied For
Country			7:	Zip Country							t Applicable
230	Zip Country		1 21	Zip		Journay		Certificate of Status Desired	· 🔀 🚶	8.75 Add ee Required	itional f
6. Name and Address of Current Registered Agent							7. 1	Name and Address of New I	Registered A	gent	
						Name					
	A, D.J. 35 SW 8	5 STREET			Street Address (P.O. Box Number is Not Acceptable)						
	MI FL 33					<u> </u>					
						City	Zip Code				
	<del></del>							and a shall be the Otal and 5	FL		
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 constituting)  DATE											
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 Max									0 0.		
After May 1, 2004 Fee will be \$550.00  Make Check Payable to Florida Department of State								Trust Fund Contributi			U May Be I to Fees
<u></u>	k Payable t		Tarrest Little Statement	TORC	11.		- 0.0	DDITIONS/CHANGES TO OF	EICEBS AND	DIRECTOR	S (N 11
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NAME	PINA, DJ			VOICE	dE		U00000040651				
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CITY-ST-ZIP						Y - ST - ZIP					
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BUL	ļ			Delete	787					Change	Addition
NAME					NA	ME					
STREET ADDRESS					- 1	REET ADORESS					
CHY-ST-ZIP		an Information	accomplished a lite above the	aa doos aat weette . t	•	Y-ST-ZIP	Santian	110 07(2VI) Florida Stabutan	1 further earl	(fir that the i	ntormation
indicated of the co-	certify that the control of the cont	ort or supplement of the receiver of tachinent with	supplied with this fill ental report is true at r trultee empowered an address, with all	ng obes not quality to no accurate and that to execute this repo- other like empowered	or the ex- my sign of as requi	ature shall have the	e same i07, Fior	319.07(3)(i), Florida Statutes legal effect as if made unde rida Statutes; and that my nat	r oath, that I a ne appears in	m an officer n Block 10 o	or director r Block 11 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 上

**FILED**