

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 06, 2004 8:00 am
Secretary of State

02-06-2004 90006 014 ***150.00

DOCUMENT # P99000015459	
1. Entity Name	
MY DESTINY BANQUET HALL INC	

DO NOT WRITE IN THIS SPACE

44007589

2. Principal Place of Business 1970 WEST 60 STREET		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State HIALEAH, FL		City & State SAME	
Zip 33012	Country USA	Zip SAME	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0897886		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name JORGE JIMENEZ		
	Street Address (P.O. Box Number is Not Acceptable) 14427 SW 38 TERRACE		
	City MIAMI	FL	Zip Code 33175

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JORGE J JIMENEZ 14427 SW 38 TERRACE MIAMI FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURY SECRETARY MARGARITA JIMENEZ 14427 SW 38 TERRACE MIAMI FL 33175	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:	JORGE J JIMENEZ	1/23/2004	305-825.3270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #