1/2

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 NOV 12 PM 4:49

DOCUMENT # P99000017192

1. Entity Name
J & D BENDEZU CORPORATION

Principal Place of Business	Mailing Address
2017 SE 8 AVE CAPE CORAL, FL 33990	2017 SE 8 AVE CAPE CORAL, FL 33990

04222004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0904570

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BENDEZU, LUZ A
2017 SE 8 AVE
CAPE CORAL, FL 33990

REINSTATEMENT 04

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, if applicable, the title of officer. (If CR2E, Registered Agent signature required on 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

TITLE	VP
NAME	BENDEZU, MANNY A
STREET ADDRESS	2017 SE 8 AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
TITLE	P
NAME	BENDEZU, LUZ A
STREET ADDRESS	2017 SE 8 AVE
CITY-ST-ZIP	CAPE CORAL, FL 33990
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	

U00000134413
~~04/28/04-80019-018 150.00~~
Debit Memo
45607-1E

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: Luz Bendezu · Luz Bendezu
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR — Date — Daytime Phone #

per pat Bailey 11/23

11/22/04 DEPOSITS/PAYMENTS DETAIL SCREEN 3:32 PM

DEPOSIT NUMBER	: 11/19/04 01041 002	DEPOSIT TYPE	: COR
ACCOUNT NUMBER	:	DEPOSIT AMOUNT	: 165.00
USER ID	: KWALKER	DEPOSIT BALANCE	: 0.00
DEBIT MEMO DATE	:	VOID DATE	:
TRACKING NUMBER	: 700042899337	DOCUMENT NUMBER	: P99000017192
REQUESTOR	: DM # 45607-K REPLC FEE	LEDGER DATE	: 11/19/04
SUB ACCT NUMBER	:		

CATEGORY	DESCRIPTION	AMOUNT
AR	ANNUAL REPORT	61.25
ARSUPP	ANNUAL REPORT - SUPPLEMENTAL	88.75
RTNCK	RETURNED CHECK FEE	15.00

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS

ENTER SELECTION AND CR: