

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 8:00 am**  
**Secretary of State**

04-23-2004 90216 002 \*\*\*150.00

54039537



04192004 Chg-P CR2E034 (10/03)

4. FEI Number **65-0961982** Applied For ☐ Not Applicable ☐

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

**DOCUMENT # P99000081931**

1. Entity Name  
**J E C SERVICES, INC.**



Principal Place of Business  
**27501 S DIXIE HWY #207  
HOMESTEAD, FL 33032**

Mailing Address  
**27501 S DIXIE HWY #207  
HOMESTEAD, FL 33032**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

6. Name and Address of Current Registered Agent  
**CAMPOS, JAVIER E  
26101 SW 133 CT  
HOMESTEAD, FL 33032**

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 \_\_\_\_\_ (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

| 10. OFFICERS AND DIRECTORS |                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |   |
|----------------------------|---------------------|--|---|--|---|
| TITLE                      | PSD                 | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMPOS, JAVIER E    |  | NAME  |  |   |
| STREET ADDRESS             | 26101 SW 133 CT     |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP            | HOMESTEAD, FL 33032 |  | CITY - ST - ZIP                                       |  |   |
| TITLE                      | S                   | <input checked="" type="checkbox"/> Delete | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CAMPOS, BARBARA     |  | NAME  |  |   |
| STREET ADDRESS             | 26101 SW 133 CT     |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP            | HOMESTEAD, FL 33032 |  | CITY - ST - ZIP                                       |  |   |
| TITLE                      |                     | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |  | NAME  |  |   |
| STREET ADDRESS             |                     |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP            |                     |  | CITY - ST - ZIP                                       |  |   |
| TITLE                      |                     | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |  | NAME  |  |   |
| STREET ADDRESS             |                     |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP            |                     |  | CITY - ST - ZIP                                       |  |   |
| TITLE                      |                     | <input type="checkbox"/> Delete            | TITLE   |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                     |  | NAME  |  |   |
| STREET ADDRESS             |                     |  | STREET ADDRESS  |  |   |
| CITY - ST - ZIP            |                     |  | CITY - ST - ZIP                                       |  |   |

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]* **4-19-04**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #