FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91844 027 ***150.00

DOCUMENT # P99000105075

1. Entity Name
JACO ENTERPRISES, CORP.

/0091272

Principal Place of Business	Mailing Address
1790 W 49TH ST	1790 W 49TH ST
# 4	# 4
HIALEAH, FL 33012	HIALEAH, FL 33012

2. Principal Place of Business	3. Mailing Address
1790 W 49 ST	1790 W 49 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 305-11	# 305-11
City & State	City & State
HIALEAH, FL	HIALEAH, FL
Zip 33012.	Zip 33012.

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number	
65-0965767	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SANCHEZ, CONSTANZA O
1790 W 49TH ST
4
HIALEAH, FL 33012

7. Name and Address of New Registered Agent

Name SANCHEZ CONSTANZA

Street Address (P.O. Box Number is Not Acceptable)

1790 W 49 ST, STE #305-11.

City HIALEAH, FL Zip Code 33012.

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

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 P	☐ Delete	TITLE	☐ Change ☐ Addition
NAME SANCHEZ, CONSTANZA O		NAME	
STREET ADDRESS 1790 W 49TH ST 305-11		STREET ADDRESS	
CITY-ST-ZIP HIALEAH, FL 33012		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 #