2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P99000106637  1. Entity Name						Secretary of State				
J & S INDUSTRIES, INC.							ir y or .	Juice		
Principal Placi	e of Business	Mailing Address			1					
21168 VIA EDEN BOCA RATON 33 33433		21168 VIA EDEN BOCA RATON 33 33433			ļ					
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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #. etc.			7	MOORE	CR2E034 (	(11/03)	÷	
City & State		City & State		4. FE	65-1055055	5		plied For t Applicable		
Zıp	Country	Zip Count		у	5. Ce	ertificate of Status Desired		<b>8.75</b> Add ee Required		
	6. Name and Address of Current	Registered Agent		Name	7. Na	ame and Address of New R	egistered Aç	ent	·	
TEITELBAUM, STEVEN										
170 NE 32 CT ORANGE PARK FL 33334				Street Address	(P.O. Bo	x Number is Not Acceptable				
				City	<del></del>	····	FL	Zip Code	<b>;</b>	
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 registored agont and title if applicable (NOTE Registered Agent signature required when reinstating) DATE								<del></del>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State						<ol> <li>Election Campaign Fir Trust Fund Contribution</li> </ol>		<b>\$5.0</b> Added	May Be to Fees	
10. OFFICERS AND DIRECTORS11.					ADE	DITIONS/CHANGES TO OFF	ICERS AND (	DIRECTORS	S IN 11	
ME	D TELTEL BALLA STEVEN	TELBAUM, STEVEN NA 68 VIA EARN ST		TITLE NAME Street address City-St-Zip		U0000064105 Change Addition				
NAME STREET ADDRESS CITY-ST-ZIP	21168 VIA EARN BOCA RATON FL 33433					02/23/04-80190-011 150.00				
mt		☐ Delcte	TITLE					Change	Addition	
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP						
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NAME STREET ADDRESS			NAME Stree	T ADDRESS						
CITY+ST-ZIP			CITY-	ST-ZIP						
12 Iberehu.	partify that the information econolical wit	b thic filiag done not qualify for	the even	nation stated in C	continu 1	10 07/21/0 Clorida Statutos	I turthor oorti	k, that tha is	starmation.	

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 reperver or trustee impowered 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

2 19/04

**FILED** 

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