

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

182


FILED

04 OCT -4 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09202004 Chg-P CR2E034 (10/03) *al*

|   |                      |   |  |   |  |
|---|----------------------|---|--|---|--|
| <b>DOCUMENT # V57324</b>  |                      |   |  |    |  |
| 1. Entity Name<br>AMERICAN JITNEY, INC.   |                      |   |  |   |  |
| Principal Place of Business<br>551 SW 57 AVENUE<br>#1<br>MIAMI, FL 33144  |                      |   | Mailing Address<br>551 SW 57 AVENUE<br>#1<br>MIAMI, FL 33144 |   |  |
| 2. Principal Place of Business  |                      |   | 3. Mailing Address   |   |  |
| Suite, Apt. #, etc.   |                      |   | Suite, Apt. #, etc.  |   |  |
| City & State  |                      |   | City & State   |   |  |
| Zip   | Country              | Zip   | Country  | 4. FEI Number<br>65-0348618   |  |
|   |                      |   |  | Applied For<br>Not Applicable   |  |
|   |                      |   |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><br>MACHO, JOSE A<br>551 SW 57TH AVE., #1<br>MIAMI, FL 33144   |                      |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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.<br>SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: _____   |                      |   |  |   |  |
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees  |                      |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                      |   |  |   |  |
| TITLE   | P                    | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | MACHO, JOSE A        |   |  |   |  |
| STREET ADDRESS  | 551 SW 57TH AVE., #1 |   |  |   |  |
| CITY-ST-ZIP   | MIAMI, FL 33144      |   |  |   |  |
| TITLE   | V                    | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  | PEREZ, ARTURO        |   |  |   |  |
| STREET ADDRESS  | 256 N.W. 64TH AVE.   |   |  |   |  |
| CITY-ST-ZIP   | MIAMI, FL            |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| CITY-ST-ZIP   |                      |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| CITY-ST-ZIP   |                      |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| CITY-ST-ZIP   |                      |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Delete                                   |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| CITY-ST-ZIP   |                      |   |  |   |  |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |                      |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| CITY-ST-ZIP   |                      |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| CITY-ST-ZIP   |                      |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| CITY-ST-ZIP   |                      |   |  |   |  |
| TITLE   |                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |   |  |
| NAME  |                      |   |  |   |  |
| STREET ADDRESS  |                      |   |  |   |  |
| 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: <i>[Signature]</i><br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                      |   |  |   |  |
|   |                      |   |  | Date  |  |
|   |                      |   |  | Daytime Phone #   |  |

REINSTATEMENT

800041564538  
10/04/04--01029--006 \*\*150.00

B3

2 of 2

**AMERICAN JITNEY, INC.  
551 SW 57 AVENUE #1  
MIAMI, FL 33144**

September 29, 2004

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: AMERICAN JITNEY, INC.  
Document#: V57324

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,



Jose Macho

JM/re