## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000026802

Entity Name: J&ELIZABETH ENTERPRISES, INC.

FILED Mar 02, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

836 N.W. 29TH STREET 5866 WINDRIDGE DR MIAMI, FL 33127 WINTER HAVEN, FL 33881

Current Mailing Address: New Mailing Address:

836 N.W. 29TH STREET 5856 WINDRIDGE DR MIAMI, FL 33127 WINTER HAVEN, FL 33881

FEI Number: 32-0123489 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONTES, ELIZABETH MONTES, JOSE E 836 N.W. 29TH STREET 5866 WINDRIDGE DR MIAMI, FL 33127 US WINTER HAVEN, FL 33881 US

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.

SIGNATURE: JOSE E MONTES 03/02/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

( ) Delete

() Delete

( ) Delete

( ) Delete

## **OFFICERS AND DIRECTORS:**

VΡ

MONTES, JOSE E

MIAMI, FL 33127

836 N.W. 29 STREET

MONTES, ELIZABETH

836 N.W. 29 STREET

MIAMI, FL 33127

MONTES, JOSE E

MIAMI, FL 33127

836 N.W. 29 STREET

MONTES, ELIZABETH

836 N.W. 29 STREET

MIAMI, FL 33127

Title:

Title:

Title:

Title:

Name: Address:

Name:

Address:

City-St-Zip:

City-St-Zip:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTES, JOSE E
Address: 5866 WINDRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: VP (X) Change ( ) Addition

Name: MONTES, ELIZABETH
Address: 5866 WINDRIDGE DR
City-St-Zip: WINTER HAVEN, FL 33881

Title: S (X) Change ( ) Addition

 Name:
 MONTES, JOSE E

 Address:
 5866 WINDRIDGE DR

 City-St-Zip:
 WINTER HAVEN, FL 33881

Title: T (X) Change ( ) Addition

Name: MONTES, ELIZABETH Address: 5866 WINDRIDGE DR City-St-Zip: WINTER HAVEN, FL 33881

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE E MONTES P 03/02/2006