


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000080783
 1. Entity Name
JERIS WORLDWIDE INC.



Principal Place of Business 21150 BISCAYNE BLVD. SUITE 302 AVENTUNA, FL 33180 US	Mailing Address 21150 BISCAYNE BLVD. SUITE 302 AVENTUNA, FL 33180 US
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01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0451025	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**FRAYND, GERMAN
 21150 BISCAYNE BLVD.
 STE 302
 AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE

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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRAYND, ALLAN 21150 BISCAYNE BLVD. AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FRAYND, PAUL MD 21150 BISCAYNE BLVD. AVENTURA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRAYND, GERMAN MD 21150 BISCAYNE BLVD STE 302 AVENTURA, FL 33180
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 02/06/04-80085-023 150.00

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **2/2/2004** Daytime Phone #: **305 937 0150**