2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 20, 2004 08:00 AM **Secretary of State DOCUMENT # P99000034176** 1. Entity Name JOCAIT ENTERPRISES, INC. Principal Place of Business Mailing Address 931 GREENBRIAR AVE. 931 GREENBRIAR AVE. **DAVIE, FL 33325 DAVIE, FL 33325** 02132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0908986 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent SHAPIRO, MICHAEL A DO NOT WRITE 931 GREENBRIAR AVE. **DAVIE, FL 33325** 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 П Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 10. OFFICERS AND DIRECTORS THIF SHAPIRO, MICHAEL A NAME STREET ADDRESS 931 GREENBRIAR AVE. CITY-ST-ZIP **DAVIE, FL 33325** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE City-ST-ZiP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TALE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

FILED