2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023107

JENSEN BEACH, FL 34957

City-St-Zip:

FILED Feb 03, 2004 Secretary of State

Entity Name: NJAS ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 686 SW BAYSHORE BLD. PORT SAINT LUCIE, FL 34983 **Current Mailing Address: New Mailing Address:** 686 SW BAYSHORE BLD. PORT SAINT LUCIE, FL 34983 FEI Number: 65-0984154 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: JENNINGS, NEIL 686 SW BAYSHORE BLVD. US PORT ST. LUCIE, FL 34913 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: OW/NP () Delete Title: () Change () Addition Name: JENNINGS, NEIL Name: 686 SW BAYSHORE BLVD. Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34952 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition SALVATORE, ALBERT Name: Name: 1130 NE JENSEN BEACH BLVD. Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: NEIL JENNINGS P 02/03/2004