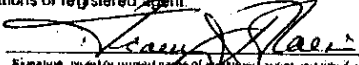
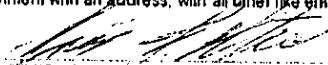


FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90466 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

90039012

DOCUMENT #498806			
1. Entity Name JOEDENA ENTERPRISES, INC.			
Principal Place of Business 1714 CAPE CORAL PKWY. CAPE CORAL, FL 33904		Mailing Address 1714 CAPE CORAL PKWY. CAPE CORAL, FL 33904	
2. Principal Place of Business 1716 Cape Coral Parkway E. Suite, Apt. #, etc.		3. Mailing Address 1716 Cape Coral Parkway E. Suite, Apt. #, etc.	
City & State Cape Coral, FL Zip 33904 Country USA		City & State Cape Coral, FL Zip 33904 Country USA	
4. FEI Number 59-1724674		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALOIA, FRANK J. 1714 CAPE CORAL PKWY. CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1716 Cape Coral Parkway E. City Cape Coral, FL Zip Code 33904	
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.		2/24/03 DATE (NOTE: Registered Agent's signature required when reappointing)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME OTERO, CESAR J. STREET ADDRESS HWY. 2, 103.6 K, GUAJATACA, P.O. BOX 888, CITY- ST- ZIP QUEBRADILLAS, PUERTO RICO, 00678		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE D NAME OTERO, DEANNA M. STREET ADDRESS HWY. 2, 103.6 K, GUAJATACA, P.O. BOX 888 CITY- ST- ZIP QUEBRADILLAS, PUERTO RICO, 00678		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE SD NAME OTERO, UNA J. STREET ADDRESS HWY. 2, 103.6 K, GUAJATACA, P.O. BOX 888 CITY- ST- ZIP QUEBRADILLAS, PUERTO RICO, 00678		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY- ST- ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY- ST- ZIP		TITLE ☐ Change ☐ 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-24-03-239-542-1896 Date Daytime Phone #	

CP2E034 (10/02)