FILED
Mar 03, 2003 8:00 am
Secretary of State
03-03-2003 90466 039 ***150.00

90039012

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 498806

1. Entity Name
JOEDENA ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1714 CAPE CORAL PKWY. CAPE CORAL, FL 33904	1714 CAPE CORAL PKWY. CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
1716 Cape Coral Parkway E Suite, Apt. #, etc.	1716 Cape Coral Parkway E Suite, Apt. #, etc.
City & State: Cape Coral, FL	City & State: Cape Coral, FL
Zip: 33904 Country: USA	Zip: 33904 Country: USA

☒ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
ALOIA, FRANK J. 1714 CAPE CORAL PKWY. CAPE CORAL, FL 33904	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 _____ 2/24/03
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when reinstating) DATE

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD OTERO,CESAR J. HWY.2, 103.6 K, GUAJATACA, P.O. BOX 888, QUEBRADILLAS, PUERTO RICO, 00678	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D OTERO,DEANNA M. HWY.2, 103.6 K, GUAJATACA, P.O. BOX 888 QUEBRADILLAS, PUERTO RICO, 00678	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD OTERO,UNA J. HWY.2, 103.6 K, GUAJATACA, P.O. BOX 888 QUEBRADILLAS, PUERTO RICO, 00678	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

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: _____ 2-24-03 239-542-1846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #