2004 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # F96000002717

1. Entity Name

JTECH COMMUNICATIONS, INC.



Principal Place of Business

Mailing Address

6413 CONGRESS AVENUE, SUITE 150 BOCA RATON, FL 33487 6413 CONGRESS AVENUE, SUITE 150 BOCA RATON, FL 33487

FILED Jul 07, 2004 08:00 AM Secretary of State



07012004

No Cha-P

CR2E034 (10/03)

4. FEI Number 65-0023121 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324

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The above named entity submits this statement for the purpose of change the obligations of registered agent.	ing its registered office or registered agent, or both	, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

OFFICERS AND DIRECTORS 10. TITLE MILLER, DAVID T NAME 6413 CONGRESS AVENUE, SUITE 150 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33487 PD STOKOE, DAVID NAME STREET ADDRESS 6413 CONGRESS AVE, STE 150 CITY-ST-ZIP BOCA RATON, FL 33487 TITLE NAME GRAHAM, JEFFREY J SR 6413 CONGRESS AVENUE, SUITE 150 STREET ADDRESS CITY -ST - ZIP BOCA RATON, FL 33487 TITLE TERRY, CLARENCE MAINE STREET ADDRESS 5200 TOWN CENTER CIR., STE 470 BOCA RATON, FL 33486 CITY-ST-ZIP TITLE VPD NAME LEDER, MARC 5200 TOWN CENTER CIR., STE 470 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 VPD TITLE KROUSE, ROGER STREET ADDRESS 5200 TOWN CENTER CIR., STE 470 BOCA RATON, FL 33486

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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 emgowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID STOKE 7

561-997-077

Daytime Phone #