


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # G61489**  
 1. Entity Name  
**J & S HOSEIN ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
**1466 N KROME AVE**      **1466 N KROME AVE**  
**HOMESTEAD, FL 33030 US**      **HOMESTEAD, FL 33030 US**

**DO NOT WRITE IN THIS SPACE**



02202006    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
**59-2417482**      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**ODAH, TAYSIER M**  
**15705 SW 297 TERRACE**  
**HOMESTEAD, FL 33033**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PVST
NAME	ODAH, TAYSEIR M
STREET ADDRESS	15705 S.W. 297 TERRACE
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000446437  
 03/08/06-80011-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:       Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR