
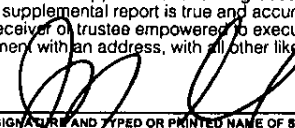


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 A
Secretary of State

DOCUMENT # G68034 1. Entity Name JORDA ENTERPRISES, INC.		
Principal Place of Business 8011 NW 14TH STREET MIAMI, FL 33126	Mailing Address 8011 NW 14TH STREET MIAMI, FL 33126	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GUISASOLA, JORGE 8011 NW 14TH STREET MIAMI, FL 33126		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		000000784386 01/16/08-80052-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GUISASOLA, JORGE 8011 NW 14 ST. MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GUISASOLA, ALINA 8011 NW 14 ST. MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUISASOLA, JORGE E 8011 NW 14TH STREET MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRITO, ALINA G 8011 NW 14TH STREET MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GUISASOLA, DANIEL 8011 NW 14TH STREET MIAMI, FL 33126	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARAGON, FRED 8011 NW 14TH STREET MIAMI, FL 33126	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/9/08 (305) 262-0095 <small>Date Daytime Phone #</small>