


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 08:00 AM
Secretary of State

DOCUMENT # K80864 1. Entity Name JFS ENTERPRISE, INC.	
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Principal Place of Business 1001 13TH AVENUE EAST BRADENTON, FL 34208	Mailing Address 700 ANDERSON HILL ROAD C/O PEPSICO, INC. PURCHASE, NY 10577
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0133108	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

**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 _____
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 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000137007 04/28/04-80103-018 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, THOMAS J 555 W. MONROE ST. MAIL CODE 16-04 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KANE, MATTHEW A 1001 13TH AVE E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BUTTO, NATALIE 1001 13TH AVE E BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LIGUORI, JOSEPH 700 ANDERSON HILL ROAD PURCHASE, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Joseph M. Liguori ASST. Treasurer 4/16/04 (914) 253-2860
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #