



**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # K96817 1. Entity Name JANASHPA ENTERPRISES, INC.		
Principal Place of Business C/O MCDONALDS RESTAURANT 1810 SO. FEDERAL HWY BOYNTON BCH., FL 33435	Mailing Address C/O MCDONALDS RESTAURANT 1810 SO. FEDERAL HWY BOYNTON BCH., FL 33435	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAFFA, PAUL G. 1810 SO. FEDERAL HWY C/O MCDONALD'S RESTAURANT BOYNTON BCH., FL 33435		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		000000247744 03/02/05-80001-001 150.00
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PDS RAFFA, PAUL G. 1810 S FED HWY BOYNTON BCH., FL	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VPD RAFFA, JANIS WARE 1810 S FED HWY BOYNTON BCH., FL	
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TITLE NAME STREET ADDRESS CITY-ST- ZIP		
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:  PAUL RAFFA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2-24-05 (561-737-4818) <small>Date Daytime Phone #</small>