
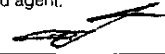
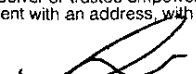


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90013 044 ***150.00

DOCUMENT # P00000000877 1. Entity Name P.C. JACQUES ENTERPRISES INC.					
Principal Place of Business 551 SE 3RD TERRACE POMPAÑO BEACH, FL 33060			Mailing Address 551 SE 3RD TERRACE POMPAÑO BEACH, FL 33060		
2. Principal Place of Business 1222 N.E. 4TH Avenue Suite, Apt. #, etc.		3. Mailing Address 1222 N.E. 4TH Avenue Suite, Apt. #, etc.			
City & State Fort Lauderdale		City & State Fort lauderdale		4. FEI Number 65-0971436	
Zip 33304		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LABOSSIÈRE, MARE PA 1222 NE 4TH AVENUE FORT LAUDERDALE, FL 33304				7. Name and Address of New Registered Agent Name Marc Labossiere PA Street Address (P.O. Box Number is Not Acceptable) 1222 N.E. 4th Avenue City Fort Lauderdale FL Zip Code 33304	
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  Marc Labossiere 01/06/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JACQUES, CONRAD 785 GRAND BLVD., QUEST, ST-BRUNO QC J3V 5G8 CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS JACQUES, PASCAL 785 GRAND BLVD., QUEST, ST-BRUNO QC J3V 5G8 CANADA, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 empowered.					
SIGNATURE:  JACQUES CONRAD 01/06/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <small>Daytime Phone #</small>		