


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 8:00 am**  
**Secretary of State**

04-07-2005 90016 014 \*\*\*150.00

DOCUMENT # P0000020916					
1. Entity Name JAIB ENTERPRISES, INC.					
Principal Place of Business 2313 LAKE DEBRA DR. #2838 ORLANDO, FL 32835			Mailing Address 2313 LAKE DEBRA DR. #2838 ORLANDO, FL 32835		
2. Principal Place of Business 2317 LAKE DEBRA DR.			3. Mailing Address 2317 LAKE DEBRA DR.		
Suite, Apt. #, etc. #2724			Suite, Apt. #, etc. #2724		
City & State ORLANDO, FL			City & State ORLANDO, FL		
Zip 32835		Country USA		4. FEI Number 65-0986972	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALBUQUERQUE, JOSE 2313 LAKE DEBRA DR. #2838 ORLANDO, FL 32835				7. Name and Address of New Registered Agent Name JOSE ALBUQUERQUE Street Address (P.O. Box Number is Not Acceptable) 2317 LAKE DEBRA DR. #2724 City ORLANDO FL Zip Code 32835	
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) DATE</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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	JOSE ALBUQUERQUE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBUQUERQUE, JOSE		NAME	2317 LAKE DEBRA DR #2724	
STREET ADDRESS	2313 LAKE DEBRA DR. #2838		STREET ADDRESS	ORLANDO, FL 32835	
CITY-ST-ZIP	ORLANDO, FL 32835		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(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 information empowered.					
SIGNATURE: _____		4/2/05		Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	