

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000049788

Entity Name: JODOLIS ENTERPRISES, INC.

FILED  
Apr 12, 2009  
Secretary of State

## Current Principal Place of Business:

5061 NW 95TH DRIVE  
CORAL SPRINGS, FL 33076 US

## New Principal Place of Business:

## Current Mailing Address:

11728 HAPPY CHOICE LANE  
GAITHERSBURG, MD 20878 US

## New Mailing Address:

5061 NW 95TH DRIVE  
CORAL SPRINGS, FL 33076 US

FEI Number: 59-3655923

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTOPIETRO, DOMINIC  
5061 NW 95TH DRIVE  
CORAL SPRINGS, FL 33076 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: SANTOPIETRO, DOMINIC  
Address: 5061 NW 95TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: SEC ( ) Delete  
Name: SANTOPIETRO, DOMINIC  
Address: 5061 NW 95TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: VP ( ) Delete  
Name: SANTOPIETRO, LISA  
Address: 11728 HAPPY CHOICE LANE  
City-St-Zip: GAITHERSBURG, MD 20878 US

Title: TRSR ( ) Delete  
Name: SANTOPIETRO, LISA  
Address: 11728 HAPPY CHOICE LANE  
City-St-Zip: GAITHERSBURG, MD 20878 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SANTOPIETRO

CFO

04/12/2009

Electronic Signature of Signing Officer or Director

Date