

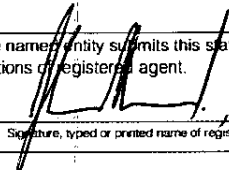
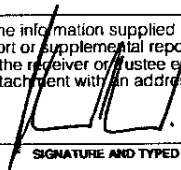


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 14, 2004 8:00 am
Secretary of State

05-14-2004 90009 034 ***150.00

DOCUMENT # P00000092525 1. Entity Name JANAI ENTERPRISES, INC.					
Principal Place of Business PO BOX 3615 HOLLYWOOD, FL 33083-3615 US			Mailing Address PO BOX 3615 HOLLYWOOD, FL 33083-3615 US		
2. Principal Place of Business 4401 S. SEMORAN BLVD Suite, Apt. #, etc. 6 City & State ORLANDO, FL Zip 32822		3. Mailing Address 4401 S. SEMORAN BLVD Suite, Apt. #, etc. 6 City & State ORLANDO, FL Zip 32822		65429909 	
4. FEI Number 65-1048048		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MOORE, JR., JOHNNIE R P PO BOX 3615 HOLLYWOOD, FL 33083-3615			7. Name and Address of New Registered Agent Name MOORE, JOHNNIE RAY, JR. Street Address (P.O. Box Number is Not Acceptable) 4401 S. SEMORAN BLVD STE #6 City ORLANDO FL Zip Code 32822		
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  JOHNNIE R. MOORE, JR., PRESIDENT 7/12/04 <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 \$550.00 Due by September 8, 2004		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	P MOORE, JOHNNIE R JR PO BOX 3615 HOLLYWOOD, FL 330833615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MOORE, LEETHRA J PO BOX 3615 HOLLYWOOD, FL 330833615	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete			
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:  JOHNNIE R. MOORE, JR. 7/12/04 (954) 483-6827 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					