


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90072 021 \*\*\*150.00

**DOCUMENT # P00000105750**

1. Entity Name  
**JAZPAUL ENTERPRISES, INC.**



Principal Place of Business <b>925 HUNTING LODGE DR          MIAMI SPRINGS, FL 33166</b>	Mailing Address <b>925 HUNTING LODGE DR          MIAMI SPRINGS, FL 33166</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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04022004 Chg-P CR2E034 (10/03)

City & State	City & State	4. FEI Number <b>32-0012190</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HERNANDEZ, GUILLERMINA  
 3001 W 12TH AVENUE # 5  
 SUTIE 5  
 HIALEAH, FL 33012**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00**

9. **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>PVST</b> NAME: <b>HERNANDEZ, GUILLERMINA</b> STREET ADDRESS: <b>3001 W 12TH AVENUE # 5</b> CITY-ST-ZIP: <b>HIALEAH, FL 33012</b>	<input type="checkbox"/>		
<b>D</b> NAME: <b>HERNANDEZ, GUILLERMINA</b> STREET ADDRESS: <b>3001 W 12TH AVENUE # 5</b> CITY-ST-ZIP: <b>HIALEAH, FL 33012</b>	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		

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:** *Guillermina Hernandez* **Date:** *4/14/2004* **Daytime Phone #:** *(305) 718-9669*