2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000033232

1. Entity Name
DOUBLE "J" ENTERPRISES, INC.

Principal Place of Business	Mailing Address
9983 ROYAL CARDIGAN WAY WEST PALM BEACH, FL 33411	PO BOX 541144 LAKE WORTH, FL 33454

DO NOT WRITE IN THIS SPACE

02262004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-1088286		Not Applicable
5. Certificate of Status Desired	☐	$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UVARI, GERALD
9983 ROYAL CARDIGAN WAY
WEST PALM BEACH, FL 33411

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	$5.00 May Be Added to Fees	U00000082941 03/10/04--80019-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	UVARI, GERALD
STREET ADDRESS	9983 ROYAL CARDIGAN WAY
CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	VPD
NAME	TRECCIOLI, HENRY
STREET ADDRESS	6253 INDIAN FOREST CIRCLE
CITY-ST-ZIP	LAKE WORTH, FL 33463
TITLE	S
NAME	DECANDIA, ANTHONY
STREET ADDRESS	944 SAGE AVENUE
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   3/4/04   (561)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   723-8883
    Daytime Phone #