


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2004 8:00 am
Secretary of State

05-10-2004 90468 022 ***150.00

DOCUMENT # P01000043859	
1. Entity Name JANSHER INVESTMENTS, INC.	

Principal Place of Business 20801 BISCAYNE BLVD. SUITE 505 AVENTURA, FL 33180	Mailing Address 20801 BISCAYNE BLVD. SUITE 505 AVENTURA, FL 33180
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2. Principal Place of Business 18901 NE 29 Avenue	3. Mailing Address 18901 NE 29 Avenue
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. Suite 100

City & State Aventura, FL	City & State Aventura, FL
Zip 33180	Country USA

05032004 Chg-P CR2E034 (10/03)

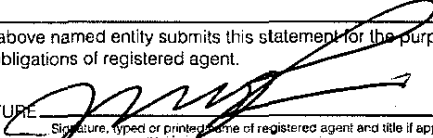
4. FEI Number 65-1126596	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERLOW, JEFFREY M C/O FROMBERG, PERLOW & KORNIK, P.A. 20801 BISCAYNE BLVD., SUITE 505 AVENTURA, FL 33180
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7. Name and Address of New Registered Agent Name Jeffrey M. Perlow Street Address (P.O. Box Number is Not Acceptable) c/o Fromberg, Perlow & Kornik, PA 18901 NE 29 Avenue, #100 City Aventura FL Zip Code 33180
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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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P POON, BENNY K W 469-471 NATHAN ROAD RM 1802 KOWLOON, HONG KONG, <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Poon, Benny KW 469 - 471 Nathan Road Room 1802 Kowloon, Hong Kong <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	5/5/04	(305) 9332000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #