


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90025 008 \*\*\*150.00

DOCUMENT # P02000004440  
 1. Entity Name  
 JELUZ, CORP.



Principal Place of Business      Mailing Address  
 6039 COLLINS AVE #1404      6039 COLLINS AVE #1404  
 MIAMI BEACH, FL 33141      MIAMI BEACH, FL 33141

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04192004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
 20-0317345      Not Applicable

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

6- Name and Address of Current Registered Agent  
 DONATO, DANIEL ROBERTO  
 6039 COLLINS AVE #1404  
 MIAMI BEACH, FL 33141

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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

10. OFFICERS AND DIRECTORS

|                |   |
|----------------|---|
| TITLE          | PD  |
| NAME           | DONATO, DANIEL R                          |
| STREET ADDRESS | 6039 COLLINS AVE # <del>1404</del> # 1436 |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141                     |
| TITLE          | VD  |
| NAME           | DONATO FERREIRA, SILVIA STELLA M          |
| STREET ADDRESS | 6039 COLLINS AVE # <del>1404</del> # 1436 |
| CITY-ST-ZIP    | MIAMI BEACH, FL 33141                     |
| 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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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: Daniel Donato      DANIEL DONATO      4/19/04      (305) 206-2692  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #