

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90072 001 ***300.00

6640J064



02202004 Chg-P CR2E034 (10/03)

DOCUMENT # P02000006104					
1. Entity Name JENICA HOLDINGS, INC.					
Principal Place of Business 7709 ANDERSON ROAD TAMPA, FL 33634			Mailing Address PO BOX 2131 DUNEDIN, FL 34697		
2. Principal Place of Business 9822 ANDERSON ROAD			3. Mailing Address 2939 HEATHER TRAIL		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State TAMPA, FL			City & State TAMPA, FL		
Zip 33634		Country USA		4. FEI Number 01-0616675	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
TRIVEDI, HARESH 2939 HEATHER TRAIL CLEARWATER, FL 33761			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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: HARESH TRIVEDI Feb 20 '04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	D	<input type="checkbox"/> Delete	TITLE	PV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRIVEDI, HARESH		NAME	PARUL TRIVEDI	
STREET ADDRESS	2842 GLEN HOLLOW DRIVE		STREET ADDRESS	2939 HEATHER TRAIL	
CITY-ST-ZIP	CLEARWATER, FL 33761		CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	TRIVEDI, HARESH	
STREET ADDRESS			STREET ADDRESS	2939 HEATHER TRAIL	
CITY-ST-ZIP			CITY-ST-ZIP	CLEARWATER, FL 33761	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: HARESH TRIVEDI			Feb 20 '04 (813) 968-7311 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		