

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

**Feb 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000046426

1. Entity Name

JETI'S ENTERPRISE, INC.



Principal Place of Business

913 WOODDRAW WILSON
PLANT CITY FL 33566

Mailing Address

913 WOODDRAW WILSON
UNIT C
PLANT CITY FL 33566

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3654789

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
VARGAS, RICARDO E
1901 N. INDUSTRIAL PARK BOULEVARD
PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000226099
02/12/05-80002-007 8.75

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
VARGAS, AURA M
1901 N. INDUSTRIAL PARK BOULEVARD
PLANT CITY FL 33567 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition
U00000226099
02/12/05-80002-008 150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
S
VAREAS, RICARDO J
1901 N. INDUSTRIAL PARK BOULEVARD
PLANT CITY FL 33567 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Addition

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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)(f), 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:

Aura M. Vargas - Aura M. Vargas

02/08/05

(813)
967-5981

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #