


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 19, 2004 8:00 am
Secretary of State

03-19-2004 90029 015 ***150.00

DOCUMENT # P02000089116	
1. Entity Name J.T. ENTERPRISE OF BROWARD COUNTY, INC.	

Principal Place of Business 7575 NW 19TH DRIVE PEMBROKE PINES FL 33024	Mailing Address 7575 NW 19TH DRIVE PEMBROKE PINES FL 33024
-------------------------------------------------------------------------------------	-------------------------------------------------------------------------

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 04-3710751		<input type="checkbox"/> Applied For <input type="checkbox"/> 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	
MCLEAN, SUZANNE M ESQ 4430 SW 64TH AVE DAVIE FL 33314		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		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 reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004, Fee will be \$550.00. Make Check Payable to Florida Department of State	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 PD <input type="checkbox"/> Delete	NAME GROSS, JEFFREY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 7575 NW 19TH DRIVE		NAME	
CITY - ST - ZIP PEMBROKE PINES FL 33024		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		CITY - ST - ZIP	
NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		CITY - ST - ZIP	
NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		CITY - ST - ZIP	
NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		CITY - ST - ZIP	
NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		CITY - ST - ZIP	
NAME		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY - ST - ZIP		STREET ADDRESS	
TITLE <input type="checkbox"/> Delete		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:  **JEFFREY GROSS** **3/15/04** **(954) 605 3446**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #