

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000089993	
1. Entity Name JESHUA ENTERPRISES, CORP	
	
Principal Place of Business 5530 C LAKEWOOD CIRCLE MARGATE, FL 33063	Mailing Address 5530 C LAKEWOOD CIRCLE MARGATE, FL 33063

DO NOT WRITE IN THIS SPACE

03042004 No Chg-P CR2E034 (10/03)

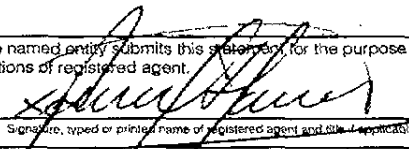
4. FEI Number 35-2178866	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

HENAO, ANDRES F
5530 C LAKEWOOD CIRCLE
MARGATE, FL 33063

**DO NOT WRITE
IN THIS SPACE**

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)

03/04/04
DATE

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**

U000000899532
03/31/04-80009-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENAO, ANDRS F
STREET ADDRESS	5530 C LAKEWOOD CIRCLE
CITY- ST- ZIP	MARGATE, FL 33063

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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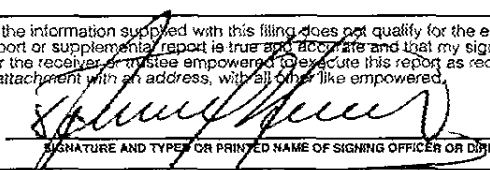
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STREET ADDRESS	
CITY- ST- ZIP	

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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)(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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/04/04 (954) 969-5223
Date Debit Phone #