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	Mailing Address
5530 C LAKEWOOD CIRCLE MARGATE, FL 33063	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

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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 _____ 03/04/04
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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000039532
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	
TITLE	
NAME	
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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: _____ 03/04/04 (954)989-5223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #