


2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/20/2005-90307-033-\$150.00+\$150.00

ADDED
AND
FILED

05 JUN 10 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20050610

DOCUMENT # P02000114585			
1. Entity Name JAKES ENTERPRISES OF PALM BEACH, INC.			
Principal Place of Business 5804 ELLIS HOLLOW ROAD LAKE WORTH, FL 33463		Mailing Address 5804 ELLIS HOLLOW ROAD LAKE WORTH, FL 33463	
2. Principal Place of Business 5032 Nautical Lake Cir. Suite, Apt. #, etc. Greenacres F.L.		3. Mailing Address Same Suite, Apt. #, etc.	
City & State Greenacres F.L.		City & State Same	
Zip 33463	Country P.B.	Zip 33463	Country P.B.
4. FEI Number 14-1851460		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		CR2E034 (10/03) (M)	
6. Name and Address of Current Registered Agent Joaquin O Argueta ARGUETA, JOAQUIN O 5804 ELLIS HOLLOW ROAD LAKE WORTH, FL 33463 5032 Nautical Lake Cir. Greenacres F.L. 33463		7. Name and Address of New Registered Agent Joaquin O Argueta Street Address (P.O. Box Number is Not Acceptable) 5032 Nautical Lake Cir Greenacres City FL Zip Code 33463	
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: <u>Joaquin O. Argueta</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small> DATE: _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	PD ARGUETA, JOAQUIN O 5804 ELLIS HOLLOW ROAD LAKE WORTH, FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: <u>Joaquin O. Argueta</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF LEADING OFFICER OR DIRECTOR</small>		Date: <u>4/17/05</u> <small>Date</small> Daytime Phone #: _____	