

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90008 029 ***150.00

DOCUMENT # P03000045324

1. Entity Name
FBJN-TERPRISE, INC.



Principal Place of Business 1108 S. MISSOURI AVE., UNIT 103 CLEARWATER, FL 33756	Mailing Address 1108 S. MISSOURI AVE., UNIT 103 CLEARWATER, FL 33756
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2. Principal Place of Business <i>1110 S. Missouri Ave</i>	3. Mailing Address <i>1110 S. Missouri Ave.</i>
Suite, Apt. #, etc. <i>108</i>	Suite, Apt. #, etc. <i>108</i>

City & State <i>Clearwater FL</i>	City & State <i>Clearwater FL</i>
Zip <i>33756</i>	Country <i>US</i>
Zip <i>33756</i>	Country <i>US</i>



01062004 Chg-P CR2E034 (10/03)

4. FEI Number <i>20-0003225</i>	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

SPIEGEL & UTRERA, P.A.
 1840 SOUTHWEST 22 STREET, 4TH FLOOR
 MIAMI, FL 33145

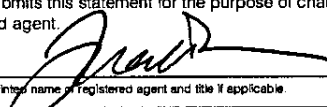
7. Name and Address of New Registered Agent

Name
Frank Makan

Street Address (P.O. Box Number is Not Acceptable)
1110 S. Missouri Ave # 108

City *Clearwater* **FL** Zip Code *33756*

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:  DATE: *1/6/04*

Signature, typed or printed name of Registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MAKAN, FRANK 1108 S. MISSOURI AVE., UNIT 103 CLEARWATER, FL 33756	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAKAN, BARBARA J 1108 S. MISSOURI AVE., UNIT 103 CLEARWATER, FL 33756	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1110 S. Missouri Ave # 108</i>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>1110 S. Missouri Ave # 108</i>	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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:  DATE: *1/6/04* 727-461-4991

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR