

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2004 8:00 am
Secretary of State

08-04-2004 90018 040 ***150.00

DOCUMENT # P03000061855 1. Entity Name J ENTERPRISES, INC.					
Principal Place of Business 6150 SPRINGDALE WAY DELRAY BEACH, FL 33484			Mailing Address 6150 SPRINGDALE WAY DELRAY BEACH, FL 33484		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 83 0360353			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent GOLDSTEIN, KATHY - 6150 SPRINGDALE WAY DELRAY BEACH, FL 33484				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 <u><i>Kathy Goldstein</i></u> 7-25-04 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 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOLDSTEIN, KATHY 6150 SPRINGDALE WAY DELRAY BEACH, FL 33484	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HARVEY GOLDSTEIN 6150 SPRINGDALE WAY DELRAY BEACH, FL 33484	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	☐ Change ☐ Addition
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><i>Kathy Goldstein</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			7-25-04 541-213-5799 Date Daytime Phone #		

66434000



07062004 Chg-P CR2E034 (10/03)