

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90049 039 \*\*\*150.00

<b>DOCUMENT # P03000075140</b> 1. Entity Name <b>J.E.D.A. REAL ESTATE CORPORATION</b>			
Principal Place of Business <b>8080 W FLAGLER STE 3A MIAMI FL 33172</b>		Mailing Address <b>8080 W FLAGLER STE 3A MIAMI FL 33172</b>	
2. Principal Place of Business <b>7105 S.W. 8TH ST.</b> Suite/Apt. #, etc. <b>#307</b> City & State <b>MIAMI, FL.</b> Zip <b>33144</b> Country <b>USA</b>		3. Mailing Address <b>7105 S.W. 8TH ST</b> Suite/Apt. #, etc. <b>#307</b> City & State <b>MIAMI, FL.</b> Zip <b>33144</b> Country <b>USA</b>	
4. FEI Number <b>03-0522999</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Name and Address of Current Registered Agent <b>DAUSA, JOSE E 9145 FONTAINBLEAU BLVD #8 MIAMI FL 33144</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE <b>D / VP / Sec</b> <input type="checkbox"/> Delete NAME <b>DAUSA, JOSE A</b> STREET ADDRESS <b>9145 FONTAINBLEAU BL #8</b> CITY-ST-ZIP <b>MIAMI FL 33172</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>D / Pres / Treas.</b> <input type="checkbox"/> Delete NAME <b>DAUSA, JOSE A JR</b> STREET ADDRESS <b>9521 FONTAINBLEAU BL #422</b> CITY-ST-ZIP <b>MIAMI FL 33172</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>DAUSA, ESTHER P</b> STREET ADDRESS <b>9145 FONTAINBLEAU BL #8</b> CITY-ST-ZIP <b>MIAMI FL 33172</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE <b>D</b> <input checked="" type="checkbox"/> Delete NAME <b>BEGUIRISTAIN, ALBERTO</b> STREET ADDRESS <b>8080 W FLAGLER STE 3A</b> CITY-ST-ZIP <b>MIAMI FL 33144</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>JOSE E. DAUSA</b>	
Date <b>3/24/04</b>		Daytime Phone # <b>954-295-6859</b>	

4402211Z



MOORE CR2E034 (11/03)

3/24/04