2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 19, 2004 8:00 am Secretary of State

DOCUMENT # P03000075 1. Entity Name JSI ENTERPRISES, INC.	3315		04-19-2	004 90276 033 ***158.75	
Principal Place of Business	Mailing Address				
2868 S. MILITARY TRAIL WEST PALM BEACH, FL 33415	2868 S. MILITARY TRAIL WEST PALM BEACH, FL. 3	33415	6642289	18	
	LA Aleken A LA				
2. Principal Place of Business	3. Mailing Address 4675 LINIVER	LY WOOD TE		(18 11 1816 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866 1866	
Suite, Apt. #, etc. Suite, Apt. #, etc.			04132004 Chg-P	CR2E034 (10/03)	
City & State	City & State WOR	THIFC	4. FEI Number 65-1196269	Applied For Not Applicable	
Zip Country	33463	Country USA	5. Certificate of Status Desire	60 75 Ti-	
6. Name and Address of Current	Registered Agent	Name	7. Name and Address of Ne	w Registered Agent	
AHMED JAHIR			HUES, JAHIR		
2868 S. MILITARY TRAIL WEST PALM BEACH, FL 33415		Street Address	Street Address IP.O. Box Number is Not Acceptable) TERR		
			/	,	
		CityLAK	EWORTH	FL 33463	
The above named entity submits this statement to the obligations of register a grent.	or the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of	f Florida. I am familiar with, and accept	
SIGNATURE .			L	1.9.04	
Signature, upperful control name of registered agent	and hits if applicable. (NOTE: (Registered Abent signature requir	ed when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
TITLE OFFICERS AND	DIRECTORS - Delete	11.	ADDITIONS/CHANGES TO	OFFICERS AND DIRECTORS IN 11 Change Addition	
NAME AHMED, JAHIR	□ Delkas ,	NAME 44	TS WAVELLY W	OOD TELL.	
STREET ADDRESS 2868 S. MILITARY TRAIL CITY-51-2IP WEST PALM BEACH, FL 33415	i	STREET ADDRESS CITY-ST-ZIP	TS WAVELLY W AKE WOOTH, A	7 33483	
TILE VP AHMED, IDRISH	Oelete	TITLE		Change Addition	
STREET ADDRESS 4675 WALRING W	COUTERR.	NAME STREET ADDRESS			
CITY-ST-ZIP LAKE WORTH, J	C 33463	CITY-ST-ZIP			
ME	☐ Delete	TILE ,		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	☐ Delete	TITLE NAME		Change	
STREET ADDRESS		STREET ADDRESS			
CITY-SI-ZIP ,	Dedste	CITY-ST-ZIP		☐ Change ☐ Addition	
NAME	Li başıe	NAME	•		
STREET ADDRESS C/TV-ST-ZIP		STREET ADORESS CITY-ST-ZIP			
1612	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME. STRIFET ADDRESS	C. C. Spenjanian and A.	NAME		_ ` ` ` `	
CITY-ST-ZIP		CITY-ST-ZIP			
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 supplying nearly control 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name expeats in Block 10 or Block 11 if changed, or on an attachment with a pddress, with all other like empowered.					
(A)R/. 4.0.011					
SIGNATURE:					