


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-19-2004 90276 033 \*\*\*158.75

<b>DOCUMENT # P03000075315</b>	
1. Entity Name <b>JSI ENTERPRISES, INC.</b>	

66422898



Principal Place of Business <b>2868 S. MILITARY TRAIL WEST PALM BEACH, FL 33415</b>	Mailing Address <b>2868 S. MILITARY TRAIL WEST PALM BEACH, FL 33415</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>4675 WAVERLY WOOD TERR</b> Suite, Apt. #, etc.
City & State	City & State <b>LAKE WORTH, FL</b>
Zip	Country <b>USA</b>

04132004 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1196269</b>	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 <b>AHMED JAHIR 2868 S. MILITARY TRAIL WEST PALM BEACH, FL 33415</b>
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7. Name and Address of New Registered Agent Name <b>AHMED JAHIR</b> Street Address (P.O. Box Number is Not Acceptable) <b>4675 WAVERLY WOOD TERR</b> City <b>LAKE WORTH</b> FL <b>33463</b>
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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: **4.9.04**

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AHMED, JAHIR 2868 S. MILITARY TRAIL WEST PALM BEACH, FL 33415</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P AHMED, JAHIR 4675 WAVERLY WOOD TERR. LAKE WORTH, FL 33463</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP AHMED, IDRISH 4675 WAVERLY WOOD TERR. LAKE WORTH, FL 33463</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" 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
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
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
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

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 to this address, with all other like empowered.

SIGNATURE:  DATE: **4.9.04**