

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90283 030 ***158.75

DOCUMENT # P03000075315					
1. Entity Name JSI ENTERPRISES, INC.					
Principal Place of Business 2868 S. MILITARY TRAIL WEST PALM BEACH, FL 33415			Mailing Address 4675 WAVERLY WOOD TERRACE LAKE WORTH, FL 33463		
2. Principal Place of Business		3. Mailing Address 4765 Waverly Wood Terr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Lake Worth, FL		4. FEI Number 65-1196269	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Country		04132005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent AHMED, JAHIR 4675 WAVERLY WOOD TERRACE LAKE WORTH, FL 33463			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
4765 Waverly Wood Terr, Lake Worth, FL 33463			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable.					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
Trust Fund Contribution.					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME AHMED, JAHIR		<input type="checkbox"/> Delete		
STREET ADDRESS 4675 WAVERLY WOOD TERRACE	CITY-ST-ZIP LAKE WORTH, FL 33463		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME AHMED, IDRISH		<input type="checkbox"/> Delete		
STREET ADDRESS 4675 WAVERLY WOOD TERRACE	CITY-ST-ZIP LAKE WORTH, FL 33463		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME AHMED, EFRAN U		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 4675 WAVERLY WOOD TERRACE	CITY-ST-ZIP LAKE WORTH, FL 33463		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE D	NAME NESSA, LUTFUN		<input checked="" type="checkbox"/> Delete		
STREET ADDRESS 2868 S. MILITARY TRAIL	CITY-ST-ZIP WEST PALM BEACH, FL 33415		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
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 with an address, with all other like empowered.					
SIGNATURE: _____			03-31-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		