

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 29, 2004 8:00 am
Secretary of State

09-29-2004 90001 049 ***550.00

DOCUMENT # P03000094236

1. Entity Name
JEHOHANAN, INC.



Principal Place of Business
**910 KINGS HWY
 PORT CHARLOTTE, FL 33323**

Mailing Address
**910 KINGS HWY
 PORT CHARLOTTE, FL 33323**

54073552



2. Principal Place of Business
64 Bariloch Drive

3. Mailing Address
64 Bariloch Drive

Suite, Apt. #, etc.

09232004 Chg-P CR2E034 (10/03)

City & State
Punta Gorda, FL

City & State
Punta Gorda, FL

Zip
33983

Country
USA

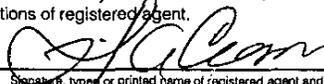
4. FEI Number
20-0310906

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|--|--|---|--|
| CRISONINO, RICHARD A 910 KINGS HWY PORT CHARLOTTE, FL 33323 | | Name Richard A. Crisonino Street Address (P.O. Box Number is Not Acceptable) 2534 SW. 6 Street City Miami FL Zip Code 33135 | |

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 **9-23-04**

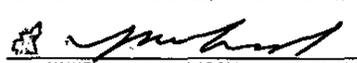
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|---|--|
| TITLE D | <input checked="" type="checkbox"/> Delete | TITLE President, Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SAYED, MOHAMMED A | | NAME Mohammed A. Sayed | |
| STREET ADDRESS 910 KINGS HWY | | STREET ADDRESS 64 Bariloch Drive | |
| CITY-ST-ZIP PORT CHARLOTTE, FL 33323 | | CITY-ST-ZIP Punta Gorda, FL 33983 | |
| TITLE D | <input checked="" type="checkbox"/> Delete | TITLE Director | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME SAYED, MURRAWAT | | NAME Murrawat Sayed | |
| STREET ADDRESS 910 KINGS HWY | | STREET ADDRESS 64 Bariloch Drive | |
| CITY-ST-ZIP PORT CHARLOTTE, FL 33323 | | CITY-ST-ZIP Punta Gorda, FL 33983 | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| 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 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:  **Mohammed A. Sayed, President** DATE **9/23/04** (941)661-1110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR