2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							1/29/2004-90034-021-\$100.00-\$100.00					
DOCUMENT # P03000094277 1. Entity Name							e De Eur					
E & J OIL ENTERPRISES, INC.							04113 15 9: 56					
Principal Place of Business Mailing Address								•				
18820 GUNN HWY TAMPA, FL 33556			18820 GUNN HWY TAMPA, FL 33556				Sallakäsele, 1000 v					
						KORRA HILL PERH BURU BURU						
2. Principal Place of Business			3. Mailing Address Suite, Apt. #, etc.						 			
Suite, Apt. #, etc. City & State			City & State				01122004 4. FEI Numbe	Chg-P	CR2E034	, , ,	plied For	
								368481			Applicable	
Zip	Country		Zip Count		try		5. Certificate	of Status Desired	.75 Addit Required	75 Additional Required		
	6, Name	and Address of Current	Registered Agent				7. Name and Address of New Registered Agent					
CANACUIC	\	10.1		•	Name					,		
CAMACHO, ELMANO J 18820 GUNN HWY TAMPA, FL 33556					Street Add	ddress (P.O. Box Number is Not Acceptable)						
				City		E						
The above named entity submits this statement for the remove of changing its registers.						re i						
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 Signature, typed or printed name of registered agent and otte if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
FILE NOWIII FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees												
10.		OFFICERS AND	DIRECTORS	11.			ADDITIONS/	CHANGES TO OFF	CERS AND DI	RECTORS	IN 11	
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STREET ADORESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP							
12. I hereby	certify that th	ne information supplied wi	th this filing does not qualify fo	r the exe	mption stated	d in Se	ction 119 07(3)(i), Florida Statutes.	I further certify	that the in	iformation	
indicated on this report or expolemental 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 of unite 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 attacture of the corporation with all other like empowered.												
SIGNATURE: SIGNATURE SHAME OF SIGNING OFFICER OR DIRECTOR Day OFFICER OR DIRECTOR Day OFFICER OF DIRECTOR Day OFFICER OF DIRECTOR DAY OF												