## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000106708



FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90215 019 \*\*\*150.00

NAME STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE STREET ADDRESS CITY- ST- ZIP	1. Entity Nam JALIDA E	® NTERPRISE, INC				v , <b>-</b> 2 -		-			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   City & State   City &	3410 NOBLE	AVE	3410 NOBLE AVE	3410 NOBLE AVE			<b>94</b> 07	/U0·	)% 		
City & State  A. FE Humber YE-10 9.3.5.8.3.   Applied For   Net Applicable   Net Appli	2. Principal P	ace of Business	3. Mailing Address								
Note Applicable   Section   Sectio	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		04222004	Chg-P	CR2E034 (10	0/03)			
8. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and acceptate the obligations of registered agent.  SIGNATURE  Synaura Noval a Prince came of segretary agent would be \$50.00  After May 1, 2004 Fpe will be \$50.00  After May 1, 2004 Fpe will be \$50.00  FE Registered Agent Synaura would start remaining Detection Compatign Financing Rate of Florida. I am familiar with, and acceptate agent remaining Detection Compatign Financing Rate of Florida. I am familiar with, and acceptate agent remaining Detections of registered agent, or both, in the State of Florida. I am familiar with, and acceptate agent remaining Detections of registered agent.  SIGNATURE  FILE NOWITH FEE IS \$150.00  9. Election Compatign Financing St. 200 May Be Address to Fees  First Fund Contribution. Detection Rate of Florida. I am familiar with, and acceptate remaining Detection Rate of Florida. I am familiar with, and acceptate remaining Detections of Florida. I am familiar with, and acceptate remaining Detections Det	City & State	Э		City & State							
Name	Zip			_Country			☐ Fee R	equired			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		6. Name and Address of Current F	Registered Agent	Name	7. Name and A	Address of New R	Registered Agent				
S. The above named entity submits file 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  SUBLIVATIVE  OFFICERS AND DIRECTORS IN 11  THE  NAME  STREET ADDRESS  CITY-ST-2P  THE  NAME  STREET ADDRESS  CITY-ST-2P  THE  NAME  STREET ADDRESS  CITY-ST-2P  THE  NAME STREET ADDRESS  CITY-ST-2	3410 NOB	LE AVE		Street Address	Street Address (P.O. Box Number is Not Acceptable)						
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The obligations of registered agent.  SIGNATURE  Signature Syound or protect name of registered agent with life of applicable.  FILE NOWILL FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    Trust Fund Contribution.   Added to Fees    Trust Fund Contribution.   Addition Fisher Added to Fees    Title NAME   STREET ADDRESS   Title   Change   Addition    Title NAME   STREET ADDRESS   STREET ADDRESS    CITY-ST-ZIP   Change   Addition    Title NAME   Change   Change   Addition    Title NAME   Change   Change   Change   Addition    Title NAME   Change   Change   Change   Change   Change	G. The obsure	warrand antibuo damina tala atata mant fa	About the second of the second		and agent as both	in the Chata of El	<u> </u>	·			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00  Trus Fund Contribution.  Trus Fund Fund Fund Fund Fund Fund Fund Fund	the obligat	ions of registered agent.				, in the state of the					
After May 1, 2004 Fee will be \$550.00  Trust Fund Contribution.   Added to Fees    10.			6 Flating Committee	- Fi	- 00						
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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	NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP					Addition		

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.

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BARBARA L. FISHER

112-336-3435