2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# P03000131014

Entity Name: JABESISH, INC.

Current Principal Place of Business:

139 E. GRANT AVENUE
ROSELLE PARK, NJ 07204 US

New Principal Place of Business:

Current Mailing Address:

139 E. GRANT AVENUE
ROSELLE PARK, NJ 07204 US

New Mailing Address:

FEI Number: 81-0637180 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JOSE C.P.A.
12839 NW 18 COURT
PEMBROKE PINES, FL 33028 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GEORGE, ANIYAN
Address: 139 E. GRANT AVENUE
City-St-Zip: ROSELLE PARK, NJ 07204 US

Title: D ( ) Delete
Name: GEORGE, ABRAHAM
Address: 18 E. HARRISON PLACE
City-St-Zip: LIVINGSTON, NJ 07039 US

Title: D ( ) Delete
Name: ALEX, JAISON
Address: 17 DAYTON CRESCENT EXT.
City-St-Zip: BERNARTS VILLE, NJ 07924 US

Title: D ( ) Delete
Name: DAVIS, SHAWN
Address: 68 WEST STREET
City-St-Zip: COLONIA, NJ 07067 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAWN DAVIS P 04/29/2005

Electronic Signature of Signing Officer or Director Date