2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000154741

1. Entity Name
JASHAWN INTERNATIONAL, INC.

Principal Place of Business
4311 N.W. 64TH AVE.
CORAL SPRINGS, FL 33067

Mailing Address
4311 N.W. 64TH AVE.
CORAL SPRINGS, FL 33067

DO NOT WRITE IN THIS SPACE

05252005 No Chg-P CR2E034 (10/03)

4. FEI Number
04-3761286
Applied For
Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GAGNON, BRIAN
4311 N.W. 64TH AVE.
CORAL SPRINGS, FL 33067

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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: _____ 5/28/05
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! FEE IS $560.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fee

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GAGNON, BRIAN
STREET ADDRESS	4311 N.W. 64TH AVE.
CITY-ST-ZIP	CORAL SPRINGS, FL 33067
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/02/05-80002-010 150.00

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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 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: _____ 5/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date (Required if Block 1 is blank)