

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000000474

Entity Name: JEHOVIA JIRA, INC.

FILED  
Apr 30, 2004  
Secretary of State

## Current Principal Place of Business:

17214 S W 12TH STREET  
PEMBROKE PINES, FL 33029

## New Principal Place of Business:

## Current Mailing Address:

17214 S W 12TH STREET  
PEMBROKE PINES, FL 33029

## New Mailing Address:

FEI Number: 11-3710457

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TURNER, OTHEL  
5787 W SUNRISE BLVD.  
PLANTATION, FL 33313 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: PD ( ) Delete  
Name: SMITH, FRANCES L  
Address: 7969 S W 6TH COURT  
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: VD ( ) Delete  
Name: MOORE, ANDRIENNE  
Address: 1701 N W 27TH AVENUE  
City-St-Zip: FT LAUDERDALE, FL 33311

Title: VD ( ) Delete  
Name: LOCKETT, ANTOINETTE  
Address: 1737 LAUREL OAK COURT  
City-St-Zip: FLINT, MI 48507

Title: TD ( ) Delete  
Name: LOCKETT, BENJAMIN  
Address: 17214 S W 13TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

Title: SD ( ) Delete  
Name: LOCKETT, EVELYN  
Address: 17214 S W 12TH STREET  
City-St-Zip: PEMBROKE PINES, FL 33029

## 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:

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: BENJAMIN LOCKETT

TD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date