

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P04000000474

1. Entity Name
JEHOVIA JIRA, INC.



Principal Place of Business
17214 S W 12TH STREET
PEMBROKE PINES, FL 33029

Mailing Address
17214 S W 12TH STREET
PEMBROKE PINES, FL 33029



05062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3710457

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, OTHEL
5787 W SUNRISE BLVD.
PLANTATION, FL 33313

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SMITH, FRANCES L
STREET ADDRESS 7969 S W 6TH COURT
CITY-ST-ZIP NORTH LAUDERDALE, FL 33068

TITLE VD
NAME MOORE, ANDRIENNE
STREET ADDRESS 1701 N W 27TH AVENUE
CITY-ST-ZIP FT LAUDERDALE, FL 33311

TITLE VD
NAME LOCKETT, ANTOINETTE
STREET ADDRESS 1737 LAUREL OAK COURT
CITY-ST-ZIP FLINT, MI 48507

TITLE TD
NAME LOCKETT, BENJAMIN
STREET ADDRESS 17214 S W 13TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE SD
NAME LOCKETT, EVELYN
STREET ADDRESS 17214 S W 12TH STREET
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000265032
05/09/05-80021-012 150.00

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #