2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046627

Title:

Name:

Address:

City-St-Zip:

FILED Apr 05, 2005 Secretary of State

Entity Nam	ne: JADI ENTE	ERPRISES, INC.				
Current Principal Place of Business:			New Principal Place of Business:			
1515 E WIN KISSIMMEE	ID BLVD E, FL 34746					
Current Mailing Address:			New Mailing Address:			
1515 E WIN KISSIMMEE	ID BLVD E, FL 34746					
FEI Number:	55-0860375	FEI Number Applied For ()	FEI Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US			JOAO RODRIGUES 1515 E WIND BLVD KISSIMMEE, FL 34713 US			
The above in the State		ubmits this statement for the pu	ırpose of changing it	s registered o	office or registered agent, or both,	
SIGNATURE: JOAO RODRIGUES				04/05/2005		
Election Cam		c Signature of Registered Ager Trust Fund Contribution ().	nt		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD ()[RODRIGUES, JC 1515 E WIND BL KISSIMMEE, FL	VD	Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	V (X) I SILVA, LLIDIO 1515 E WIND BL KISSIMMEE, FL		Title: Name: Address: City-St-Zip:	()) Change ()Addition	
Title: Name: Address: City-St-Zip:	S () E SANTOS, ANGEL 1515 E WIND BL KISSIMMEE, FL	VD	Title: Name: Address: City-St-Zip:	VP (X SANTOS, ANGI 1515 E WIND I KISSIMMEE, F	BLVD	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JOAO RODRIGUES P 04/05/2005

(X) Delete

SILVA, DILVA

1515 E WIND BLVD

KISSIMMEE, FL 34746

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