

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90408 043 ***150.00

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03232005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000058523 1. Entity Name JALYSA ENTERPRISES, INC.					
Principal Place of Business 8509 GARNET AVE. ORLANDO, FL 32810			Mailing Address P.O. BOX 680791 ORLANDO, FL 32868		
2. Principal Place of Business 439 BLUE BIRD ST Suite, Apt. #, etc.		3. Mailing Address 439 BLUE BIRD ST Suite, Apt. #, etc.			
City & State APOPKA, FL Zip 32703 Country ORANGE		City & State APOPKA, FL Zip 32703 Country ORANGE		4. FEI Number 20-0965252	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent DAVILA, MIGUEL X 8509 GARNET AVE. ORLANDO, FL 32810			7. Name and Address of New Registered Agent Name JUAN CARLOS RIVAS ORTIZ Street Address (P.O. Box Number is Not Acceptable) 439 BLUE BIRD ST City APOPKA FL Zip Code 32703		
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 <u><i>Juan C. Rivas</i></u> OFFICER <u><i>3/23/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DAVILA, MIGUEL X 8509 GARNET AVE. ORLANDO, FL 32810	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D DAVILA, MIGUEL X 439 BLUE BIRD ST APOPKA, FL 32703
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/O RIVAS, JUAN C 201 HUNT ST. #813 CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/O RIVAS, JUAN C 439 BLUE BIRD ST APOPKA, FL 32703
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u><i>Juan C. Rivas</i></u> JUAN CARLOS RIVAS ORTIZ <u><i>3/23/05</i></u> 407-880-6128 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					