


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 27, 2005 8:00 am
Secretary of State

01-27-2005 90047 048 ***150.00

DOCUMENT # P04000107533		
1. Entity Name JAKERICALANA ENTERPRISES, INC		

Principal Place of Business 5065 NW 121 DRIVE CORAL SPRINGS, FL 33076 US	Mailing Address 5065 NW 121 DRIVE CORAL SPRINGS, FL 33076 US
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2. Principal Place of Business 5065 NW 121 DRIVE Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State CORAL SPRINGS FL	City & State
Zip 33076	Country US

01172005 Chg-P CR2E034 (10/03)

4. FE Number 43-2057630	Applied For Not Applicable
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5. Certificate of Status Desired RENEWAL	Additional Fee Required
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6. Name and Address of Current Registered Agent GOODMAN, JEFFREY 5065 NW 121 DRIVE CORAL SPRINGS, FL 33076	
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7. Name and Address of New Registered Agent Name JEFFREY GOODMAN Street Address (P.O. Box Number is Not Acceptable) 5065 NW 121 DRIVE City CORAL SPRINGS FL Zip Code 33076	
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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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GOODMAN, JEFFREY 5065 NW 121 DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODMAN, JEFFREY 5065 NW 121 DRIVE CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 	Date 1-23-05	Daytime Phone #
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