



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90029 041 \*\*\*150.00

<b>DOCUMENT # P04000158258</b> 1. Entity Name <b>J.E.A. SMART SOLUTION INC.</b>					
Principal Place of Business <b>2255 BAGDAD AVE. ORLANDO, FL 32833</b>			Mailing Address <b>2255 BAGDAD AVE. ORLANDO, FL 32833</b>		
2. Principal Place of Business <i>TEA Smart Solutions, Inc</i> Suite, Apt. #, etc. <i>214 N. Gledarwood Rd., Unit A-9</i> City & State <i>Orlando, FL</i> Zip <i>32807</i>		3. Mailing Address <i>TEA Smart Solutions, Inc</i> Suite, Apt. #, etc. <i>P.O. Box 720999</i> City & State <i>Orlando, FL</i> Zip <i>32872-0999</i>			
Country <i>USA</i>		Country <i>USA</i>		02082005    Chg-P    CR2E034 (10/03)	
4. FEI Number <b>47-0948435</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>DIAZ, ERNESTO 2255 BAGDAD AVE. ORLANDO, FL 32833</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 DIAZ, ERNESTO 2255 BAGDAD AVE. ORLANDO, FL 32833	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NOA, ANGEL 2703 SEBASTIAN CT. KISSIMMEE, FL 34743	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALARZA, JULIO 1779 CONCEVT RD. DELTONA, FL 32738	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diaz, Ernesto 2255 Bagdad Ave. Orlando, FL 32833	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diaz, Ernesto 2255 Bagdad Ave. Orlando, FL 32833	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diaz, Ernesto 2255 Bagdad Ave. Orlando, FL 32833	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Diaz, Ernesto 2255 Bagdad Ave. Orlando, FL 32833	<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: <i>[Signature]</i> <b>Ernesto Diaz</b> <i>2/21/05</i> <i>407-427-9202</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					