



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000077507 1. Entity Name JODAT, INC.	
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Principal Place of Business 817 BEACHLAND BLVD VERO BEACH, FL 32963	Mailing Address 817 BEACHLAND BLVD VERO BEACH, FL 32963
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DO NOT WRITE IN THIS SPACE

	
01222004	No Chg-P CR2E034 (10/03)
4. FEI Number 65-0706907	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARRIS, CHARLES E 817 BEACHLAND BLVD VERO BEACH, FL 32963
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	DP HUSSAMY, OMAR D 845 37TH PLACE VERO BEACH, FL 32960
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSTV HASSAMY, CAROLE M 845 37TH PLACE VERO BEACH, FL 32960
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02/20/04-80045-016 150.00

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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: Carole Hussamy CAROLE HUSSAMY 2-1-04 (772)234-5288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #