

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2004 08:00 AM Secretary of State

DOCUMENT # P96000083984 1. Entity Name JAIMATADI ENTERPRISES, INC.



Principal Place of Business 20399 US HWY 27 CLERMONT, FL 34711 US Mailing Address 4800 APOPKA VINELAND RD. ORLANDO, FL 32819



04282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3416865 Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PHILLIPS, R. PATRICK ESQ. 200 NORTH THORNTON AVE. ORLANDO, FL 32801

DO NOT WRITE IN THIS SPACE

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 filer if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!! FEE IS \$160.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Table with 10 rows and 2 columns: OFFICERS AND DIRECTORS. Columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D JAIN, MANOHAR H, 4800 APOPKA VINELAND RD., ORLANDO, FL 32819

UN00000152239 05/04/04-80077-006 450.00 DO NOT WRITE IN THIS SPACE

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: [Signature] 4-28-04 407-876555 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #