

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

06 MAY -4 AM 8:33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P96000083984

1. Entity Name JAIMATADI ENTERPRISES, INC.



Principal Place of Business 20339 US HWY 27 CLERMONT, FL 34711 US

Mailing Address 4800 APOPKA VINELAND RD. ORLANDO, FL 32819



04132006 No Chg-P CR2E034 (11/05)

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 (if applicable)

(NOTE Registered Agent signature required when completing)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

Table with 6 rows and 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Row 1: D, JAIN, MANOHAR H, 4800 APOPKA VINELAND RD., ORLANDO, FL 32819

300075885663 06/06/06--01047--001 \*\*500.00

06/06/06--01047--001 \*\*800.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 118, 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 of the like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Month/Year

Handwritten notes: 4-19-06, 407876 555, J. J.