2008 FOR PROFIT CORPORATION

DO NOT WRITE IN THIS SPACE

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

Principal Place of Business

20339 US HWY 27 CLERMONT, FL 34711 Mailing Address

4800 APOPKA VINELAND RD. ORLANDO, FL 32819

FILED

08 MAR -7 AM 9:46

SECRETARY OF STATE IALLAHASSEE, FLORIDA



02272008

No Chg-P

CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

PHILLIPS, R. PATRICK ESQ.

DO NOT WRITE

ORLANDO, F	THORNTON AVE. FL 32801			IN T	THIS SPACE
	med entity submits this statement for the pus of registered agent.	rpose of changing its regist	ered office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE	nature, typed or printed name of registered agent and title if	applicable. (NOTE: Regist	ered Agent signature	required when reinstating)	DATE
	NOW!!! FEE IS \$150.00 1, 2008 Fee will be \$550.00	Election Campaign Fir Trust Fund Contribution		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECT	rors			
STREET ADDRESS 48	AIN, MANOHAR H 800 APOPKA VINELAND RD. RLANDO, FL 32819			03 <u>7</u> 1	00120088467 2/0801016002 **1027.50
NAME STREET ADDRESS CITY-ST-ZIP					99 97010 002 **1021.30
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 office like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-07

267-876-575

Daytime Phone #