

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90105 033 ***150.00

DOCUMENT # P 9 7 0 0 0 0 4 3 2 6 7
1. Entity Name
JALTEX, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1041 WOODFALL CRT
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 268771
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WESTON, FL

City & State
WESTON, FL

Zip
33326

Country
BROWARD

Zip
33326

Country
BROWARD

4. FEI Number
13-3957491

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
VIVIEN ROSEN

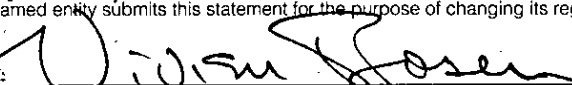
Street Address (P.O. Box Number is Not Acceptable)
1041 WOODFALL CRT

City
WESTON

FL

Zip Code
33326

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.

SIGNATURE:  **4/17/02**

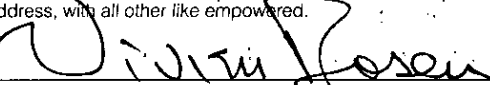
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **January 1 - May 1, Fee is \$150.00**
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES VIVIEN ROSEN 1041 WOODFALL CRT WESTON FL 33326	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/17/02 (954)385-3681**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)