


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

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| DOCUMENT # P97000050423 |  |
| 1. Entity Name JAZ ENTERPRISES, INC. | |

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| Principal Place of Business 1390 S.W. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953 | Mailing Address 1390 S.W. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953 |
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DO NOT WRITE IN THIS SPACE

04282004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 65-0759063 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**ZARRILLI, CATHERINE S
1390 S.W. BELLEVUE AVENUE
PORT ST. LUCIE, FL 34953**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| 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 | U000000153737 05/04/04-80138-018 150.00 |
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10. OFFICERS AND DIRECTORS

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPS ZARRILLI, CATHERINE S 1390 S.W. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ZARRILLI, DANIEL J 1390 S.W. BELLEVUE AVENUE PORT SAINT LUCIE, FL 34953 |
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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: Catherine S. Zarrilli **CATHERINE S. ZARRILLI** VPS **4/30/04** **344-6550**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #