


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 11, 2005 08:00 AM
Secretary of State

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

6. Name and Address of Current Registered Agent ZARRILLI, CATHERINE S 1390 S.W. BELLEVUE AVENUE PORT ST. LUCIE, FL 34953	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000225105 02/11/05-80028-007 150.00
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10. OFFICERS AND DIRECTORS	
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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)(f), 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 - VPS Feb 9, 2005 344-6550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #