2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P98000031924  1. Entity Name  JETA ENTERPRISES, INC.				May 01, 2006 08:00 AM Secretary of State
Principal Place of Business 5151 SW 167TH AVE FT LAUDERDALE FL 33331		Mailing Address 5151 SW 167TH AVE FT LAUDERDALE FL		
2. Principal Place of Business		3. Mailing Address		C SECURES (SE CEME) CELIS MEDIS DESIGNED STATE THE HEID TEME STEAL
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E034 (10/05)
City & State		City & State		4. FEI Number 65-0825664 Applied For Not Applied
Zip	Country	Zip	Country	5. Certificate of Status Desirod \$8.75 Additional Fee Required
	6. Name and Address of Curren	t Registered Agent	<u> </u>	7. Name and Address of New Registered Agent
GAUDIN, JEFFREY 5151 SW 167TH AVE FT LAUDERDALE FL 33331			Name Street Addres	s (P.O. Box Number is Not Acceptable)
{			City	FI Zip Code
After	Signakue, typesi or portice name of registered ages FILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$550.0 k Payable to Florida Department	Ġ.	TEREGISTICOS Agens signature mus	9. Election Campaign Financing \$5.00 May to Trust Fund Cantribution. Added to Fees
_to.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DPTS GAUDIN, JEFFREY 5151 SW 167TH AVE FT LAUDERDALE FL 33331	Detate	TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Change □ A.A UDODDOSSS87S US/16/08-80050-010 150.00
TITLL NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	THLE NAME SIREET ADDRESS CHY-ST-ZIP	☐ Change ☐ ja-dati
TITLE NAME STREET ADURESS CITY-ST-ZIP		☐ Delote	idle Name Street address City-St-Zip	☐ Change ☐ Add <sup>®</sup>
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delote	HITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS GITY - ST- ZIP		☐ Detete	TRILE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addin
TITLE MAME STREET ADDRESS CITY-ST-ZIP		□ Oelete	NIME NAME STREET ADDRESS CITY-ST-LIP	☐ Change ☐ Add^

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 it made under eath, that I am an officer or director of the corporation of 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:

If Haulr

4.25.06

**FILED**