

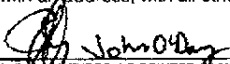


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000098988 1. Entity Name JOD VENTURES, INC.																																																																	
Principal Place of Business 8900 SW 107TH AVE., SUITE 302 MIAMI FL 33176				Mailing Address 8900 SW 107TH AVE., SUITE 302 MIAMI FL 33176																																																													
2. Principal Place of Business Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc		 MOORE CR2E034 (11/03)																																																													
City & State		City & State																																																															
Zip	Country	Zip	Country																																																														
4. FEI Number 65-0879770				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 O'DAY, JOHN 8900 SW 107TH AVE., SUITE 302 MIAMI FL 33176				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																																													
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																																																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> P ODAY, JOHN 8900 SW 107 AVE STE 302 MIAMI FL 33176 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;"> U000000076434 03/05/04-80003-001 150.00 </td> <td style="width: 10%; padding: 2px; text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr><td style="padding: 2px;">NAME</td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;">NAME</td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td style="padding: 2px;">STREET ADDRESS</td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;">STREET ADDRESS</td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;">CITY - ST - ZIP</td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> <tr><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Delete </td><td style="padding: 2px;"> </td><td></td><td style="text-align: right;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td></tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	P ODAY, JOHN 8900 SW 107 AVE STE 302 MIAMI FL 33176	<input type="checkbox"/> Delete	TITLE	U000000076434 03/05/04-80003-001 150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME		<input type="checkbox"/> Delete	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	STREET ADDRESS		<input type="checkbox"/> Delete	STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition	CITY - ST - ZIP		<input type="checkbox"/> Delete	CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition			<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:  John O'Day <small>SIGNATURE OR TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																	
2/26/04 (305) 598-8661 <small>Date Daytime Phone #</small>																																																																	