



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P01000044495</b> 1. Entity Name <b>JENERYKO CORP.</b>				<b>FILED</b> <b>05 MAY 10 PM 3:40</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>MALLAH FUMAN &amp; COMPANY P.A.</b> <b>40205 FISHER ISLAND DR</b> <b>FISHER ISLAND, FL 33109</b>		Mailing Address <b>MALLAH FUMAN &amp; COMPANY P.A.</b> <b>40205 FISHER ISLAND DR</b> <b>FISHER ISLAND, FL 33109</b>			
2. Principal Place of Business <b>40205 Fisher Island Dr.</b>		3. Mailing Address <b>40205 Fisher Island Dr.</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>Fisher Island, Florida</b>		City & State <b>Fisher Island, Florida</b>		4. FEI Number <b>80-0005637</b>	
Zip <b>33109</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATION COMPANY OF MIAMI</b> <b>201 SOUTH BISCAYNE BLVD.</b> <b>SUITE 1500</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>ADD: Suite 1500 (KDC)</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>TCHINNOSIAN, JORGE</b> <b>1221 BRICKELL AVE., 24TH FL</b> <b>MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Barry Brant</b> <b>200 S. Biscayne Blvd. 6th Floor</b> <b>MIAMI FL 33131</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Barry Brant</u> <b>Barry Brant</b> <b>4-28-05</b> <b>305-379-7000</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					