


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P06000154140**  
 1. Entity Name  
**A. JENVICH, INC.**



Principal Place of Business  
**6287 W SAMPLE RD  
 CORAL SPRINGS, FL 33067**

Mailing Address  
**6630 FERN STREET  
 MARGATE, FL 33063**

**DO NOT WRITE IN THIS SPACE**



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-8162413** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**CHANNVATI, ANKRAVITCH  
 6630 FERN ST  
 MARGATE, FL 33062**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES CHAINUVATI, DARUNEE 6630 FERN STREET MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHAINUVATI, AUKRAVITCH 6630 FERN STREET MARGATE, FL 33063
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U00000733687  
 01/25/08-80017-020 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: X** *Chainuvati Aukravitch* **AUKRAVITCH CHAINUVATI** **1/16/08** **954946-8011**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #