

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 21, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000071169**

1. Entity Name  
**JNE OF BOCA, INC.**



Principal Place of Business  
**5250 TOWN CENTER CIRCLE  
SUITE #125  
BOCA RATON, FL 33486**

Mailing Address  
**5250 TOWN CENTER CIRCLE  
SUITE #125  
BOCA RATON, FL 33486**



03122003 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0939473</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LEVY, JOEL I  
2101 CORPORATE BLVD.  
STE 317  
BOCA RATON, FL 33431**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	VOVK, NINA
STREET ADDRESS	3420 S OCEAN BLVD APT 12R
CITY - ST - ZIP	HIGHLAND BEACH, FL 33486

TITLE	D
NAME	BEZDECK, EMMA
STREET ADDRESS	3770 VILLAGE DR
CITY - ST - ZIP	DELRAY BCH, FL

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/21/04-80004-010 150.00

**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: **NINA VOVK**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/18/04**  
Date

**561-391-8803**  
Daytime Phone #