

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90078 046 \*\*\*158.75

<b>DOCUMENT # P97000081196</b>			
1. Entity Name <b>JAY CINN SERVICES, INC.</b>			
Principal Place of Business <b>1009 CHERRY LN WELLINGTON, FL 33414</b>		Mailing Address <b>1009 CHERRY LN WELLINGTON, FL 33414</b>	
2. Principal Place of Business - No P.O. Box # <b>3690 MAY PL</b>		3. Mailing Address <b>3690 MAY PL</b>	
Suite, Apt. #, etc. <b>APT. 103</b>		Suite, Apt. #, etc. <b>APT. 103</b>	
City & State <b>BOYNTON BEACH FL</b>		City & State <b>BOYNTON BEACH FL</b>	
Zip <b>33436</b>	Country	Zip <b>33436</b>	Country
4. FEI Number <b>65-0817959</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		04262008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent <b>CHARNEY, JEFFREY J 1009 CHERRY LN WELLINGTON, FL 33414</b>		7. Name and Address of New Registered Agent Name <b>JEFFREY J. CHARNEY</b> Street Address (P.O. Box Number is Not Acceptable) <b>3690 MAY PL APT 103</b> City <b>BOYNTON BEACH FL</b> Zip Code <b>33436</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent if title is applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CHARNEY, RENE A 1009 CHERRY LN WELLINGTON, FL 33414 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>3690 MAY PL BOYNTON BEACH FL 33436</b>
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
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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 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: <u><i>Rene A Charney</i></u> <b>RENE A CHARNEY</b>		Date	<u>4/28/08</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #