


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P99000071169 1. Entity Name JNE OF BOCA, INC. |  |
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|--|--|
| 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 |
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DO NOT WRITE IN THIS SPACE



06102008 No Chg-P CR2E034 (11/05)

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|---|---------------------------------------|
| 4. FEI Number 65-0939473 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP | D VOVK, NINA 3420 S OCEAN BLVD APT 12R HIGHLAND BEACH, FL 33486 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BEZDECK, EMMA 4232 GLEN EAGLES DRIVE BOYNTON BEACH, FL 33436 |
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08/21/08-80001-018 150.00

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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:  EMMA BEZDECK 6/17/08 561-391-8803

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