

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90058 008 ****61.25

40117440



05162007 Chg-NP CR2E037 (12/06)

4. FEI Number **59-1115800** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

JENNA MANAGEMENT INC.
1881 NE 26TH ST
STE 212
FORT LAUDERDALE, FL 33305

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	NIGHTINGALE, SUSAN	
STREET ADDRESS	930 SE 9TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MACFAYDEN, ED	
STREET ADDRESS	930 SE 9TH AVE # 15	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	YORK, MICHAEL	
STREET ADDRESS	930 SE 9TH AVE # 13	
CITY-ST-ZIP	POMPANO BEACH, FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	DEFEDDARCI, PAT	
STREET ADDRESS	930 SE 9TH AVE	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HALL, WILLIAM	
STREET ADDRESS	930 SE 9TH AVE # 8	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT BARBUTO	
STREET ADDRESS	930 SE 9TH AVE # 15	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD SMITH	
STREET ADDRESS	930 SE 9TH AVE # 14	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAM BENNEY	
STREET ADDRESS	930 SE 9TH AVE # 8	
CITY-ST-ZIP	POMPANO BEACH FL 33060	

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 617, 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-07

Date

954-941 0165

Daytime Phone #