

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2006 08:00 AM
Secretary of State

DOCUMENT # F03000003682

1. Entity Name

JENNIFER MANAGEMENT V, LTD. CORP.



Principal Place of Business

419 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797

Mailing Address

419 CROSSWAYS PARK DRIVE
WOODBURY, NY 11797



01122006

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0349876

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ABADA, RAMI
STREET ADDRESS 419 CROSSWAYS PARK DRIVE
CITY-ST-ZIP WOODBURY, NY 11797

TITLE VD
NAME SEIDNER, EDWARD B
STREET ADDRESS 419 CROSSWAYS PARK DRIVE
CITY-ST-ZIP WOODBURY, NY 11797

TITLE DCEO
NAME GREENFIELD, HARLEY
STREET ADDRESS 419 CROSSWAYS PARK DRIVE
CITY-ST-ZIP WOODBURY, NY 11797

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000522710
05/03/06-80041-021 150.00

**DO NOT WRITE
IN THIS SPACE**

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: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAMI ABADA

DATE

✓ 4/17/06

(516)496-1900

Daytime Phone #