


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # F03760
 1. Entity Name
MICHAEL R. JENKS, P.A.



Principal Place of Business Mailing Address
 9350 FINANCIAL CENTRE 9350 FINANCIAL CENTRE
 9350 SOUTH DIXIE HWY, 10TH FLOOR 9350 SOUTH DIXIE HWY, 10TH FLOOR
 MIAMI, FL 33158 MIAMI, FL 33158

DO NOT WRITE IN THIS SPACE



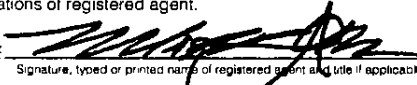
01072008 No Chg-P CR2E034 (11/05)

4. FE# Number Applied For
 59-2030738 Not Applicable

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

6. Name and Address of Current Registered Agent
 JENKS, MICHAEL R.
 9350 FINANCIAL CENTRE
 9350 DIXIE HIGHWAY, 10TH FLOOR
 MIAMI, FL 33158

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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:  President 1/8/08
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, 2008 Fee will be \$550.00

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

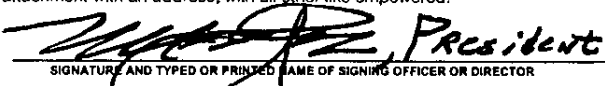
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JENKS, MICHEAL R 9350 S. DIXIE HWY SUITE 1000 MIAMI, FL 33131
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 01/10/08-80042-010 150.00

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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:  President 1/8/08 (305) 671-1375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #