



FILED
May 05, 2008 8:00 am
Secretary of State

04-14-2008 90070 042 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L91497 1. Entity Name NENEZIAN LUND & JONES, INC.			
Principal Place of Business 1780 NORTH KROME AVE. HOMESTEAD, FL 33030		Mailing Address P.O. BOX 901505 HOMESTEAD, FL 33030	
DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent LUND, ALAN L 1780 N KROME AVE HOMESTEAD, FL 33030		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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		DO NOT WRITE IN THIS SPACE	
DV NENEZIAN, GEORGE 700 ABERDEEN WAY MIAMI LAKES, FL			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DST LUND, L. ALAN 1780 NORTH KROME AVE. HOMESTEAD, FL 33030			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
DP JONES, THOMAS R., JR. 1780 NORTH KROME AVE. HOMESTEAD, FL 33030			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: 		05-02-08 305-746-7502	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	