

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M30410

FILED
Apr 26, 2003
Secretary of State

Entity Name: JAY EN, INC.

Current Principal Place of Business:

2237 N. COMMERCE PARKWAY
SUITE #3
WESTON, FL 33326

New Principal Place of Business:

Current Mailing Address:

2237 N. COMMERCE PARKWAY
SUITE #3
WESTON, FL 33326

New Mailing Address:

FEI Number: 59-2690337 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANELLA, ROSS H
2237 N. COMMERCE PARKWAY
SUITE #3
WESTON, FL 33326

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NOVACK, HELEN
Address: 1904 S OCEAN DRIVE
City-St-Zip: HALLANDALE, FL 33009

Title: ST () Delete
Name: NOVACK, MARTIN
Address: 164 NETHERWOOD CRES
City-St-Zip: MONTERAL QUEBEC, CA H3X3H

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: NOVACK, MARTIN
Address: 164 NETHERWOOD CRES
City-St-Zip: MONTERAL QUEBEC, CA H3X3H

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HELEN NOVACK

P

04/26/2003

Electronic Signature of Signing Officer or Director

_____ Date