

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000025706

Entity Name: JENTRAY, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

12650 S. WINNERS CIRCLE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

12650 S. WINNERS CIRCLE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 02-0563418

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LIONETTI, JOSEPH
12650 S. WINNERS CIRCLE
DAVIE, FL 33330 US

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: PT () Delete
Name: LIONETTI, JOSEPH
Address: 14830 ARCHER HALL STREET
City-St-Zip: DAVIE, FL 33331

Title: V () Delete
Name: LIONETTI, LYNN
Address: 14830 ARCHER HALL STREET
City-St-Zip: DAVIE, FL 33331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: LIONETTI, JOSEPH
Address: 12650 S. WINNERS CIRCLE
City-St-Zip: DAVIE, FL 33330

Title: V (X) Change () Addition
Name: LIONETTI, LYNN
Address: 12650 S. WINNERS CIRCLE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JOSEPH LIONETTI

D

04/28/2009

Electronic Signature of Signing Officer or Director

Date