2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90299 049 ***150.00

DOCUMENT # P02000093817

1. Entity Name
JNS MARKETING ENTERPRISES, INC

Principal Place of Business	Mailing Address
2050 NW 95TH AVE. MIAMI, FL 33172	12672 NW 9 WAY MIAMI, FL 33182

04262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
12672 NW 9TH WAY	12672 NW 9TH WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI, FL	City & State: MIAMI, FL
Zip: 33182 Country: USA	Zip: 33182 Country: USA

4. FEI Number: 41-2056794 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MIGNANO, GIANCARLO 12672 NW 9 WAY MIAMI, FL 33182	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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] / GIANCARLO MIGNANO / DIRECTOR [signature] 4-26-04
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, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☑ Delete	TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	MIGNANO, GIANCARLO	NAME	FAVERON MERY
STREET ADDRESS	12672 NW 9 WAY	STREET ADDRESS	12672 NW 9TH WAY
CITY-ST-ZIP	MIAMI, FL 33182	CITY-ST-ZIP	MIAMI, FL 33182
TITLE	VP ☐ Delete	TITLE	DIRECTOR ☑ Change ☐ Addition
NAME	MIGNANO, NILSA	NAME	GIANCARLO MIGNANO
STREET ADDRESS	12672 NW 9TH WAY	STREET ADDRESS	12672 NW 9TH WAY
CITY-ST-ZIP	MIAMI, FL 33182	CITY-ST-ZIP	MIAMI, FL 33182
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FAVERON, MERY	NAME	
STREET ADDRESS	12672 NW 9TH WAY	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33182	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify 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 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] / GIANCARLO MIGNANO 4-26-04 (786) 355-9191
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #