


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 08, 2007 8:00 am
Secretary of State

05-08-2007 90012 008 ***150.00

5/8/

DOCUMENT # P03000132151 1. Entity Name JEN ELECTRONICS, INC.		
Principal Place of Business 3001 S.W. 68 AVENUE MIRAMAR, FL 33023	Mailing Address 3001 S.W. 68 AVENUE MIRAMAR, FL 33023	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent NUNEZ, JOSE 3001 S.W. 68 AVENUE MIRAMAR, FL 33023		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	P NUNEZ, JOSE 3001 S.W. 68 AVENUE MIRAMAR, FL 33023	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP NUNEZ, UKI 3001 S.W. 68 AVENUE MIRAMAR, FL 33023	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NUNEZ, JULIA 3001 S.W. 68 AVENUE MIRAMAR, FL 33023	
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 recorder 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, or that I am otherwise empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		06-02-07 954-478-4476 <small>Date Daytime Phone #</small>

66018385



04252007 No Chg-P CR2E034 (11/05)

4. FEI Number 77-0624147	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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