

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000041922

1. Entity Name
JS FOUNDATION HOMES, INC.



Principal Place of Business
12020 WEST GOLF DRIVE
MIAMI, FL 33167

Mailing Address
12020 WEST GOLF DRIVE
MIAMI, FL 33167

FILED
Jun 11, 2008 08:00 AM
Secretary of State



06092008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
33-1092034

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BOWENS, JACQUELYN D
12020 WEST GOLF DRIVE
MIAMI, FL 33167

**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

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
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BOWENS, JACQUELYN D
12020 WEST GOLF DRIVE
MIAMI, FL 33167

TITLE
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CITY-ST-ZIP

U000000953021
06/11/08-80003-022 150.00

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IN THIS SPACE**

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:

Jacquelyn D. Bowens
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacquelyn D. Bowens

6/9/08 (786)553-3411

Date

Daytime Phone #