

**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 <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	

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U00000953021  
06/11/08-80003-022 150.00

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

Date: 6/9/08 Daytime Phone #: (786)553-3411