2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000071239

Entity Name
 TNJ ENTERPRISES, INC.



Principal Place of Business

727 NE 3RD AVENUE

SUITE 201

FORT LAUDERDALE, FL 33304

Mailing Address

727 NE 3RD AVENUE SUITE 201

FORT LAUDERDALE, FL 33304

FILED Apr 28, 2008 8:00 am Secretary of State

04-28-2008 90407 013 ***150.00

40087630



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 11-3720180 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

CUBIT, THOMAS 727 NE 3RD AVENUE SUITE 201 FORT LAUDERDALE, FL 33304

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 NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO IVASHUK, JEFFREY N 727 NE 3RD AVENUE, SUITE 201 FORT LAUDERDALE, FL 33304					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D IVASHUK, JEFFREY N 727 NE 3RD AVENUE, SUITE 201 FORT LAUDERDALE, FL 33304					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<u>.</u>	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE		
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR CIRECTOR

Ivashuc

26/08 93

954-768-0188

Daytime Phone i