2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P05000095385



1. Entity Name JON-TON CORP.

Principal Place of Business 7980 NW 67 ST STE 200 MIAMI, FL 33166

HEW, WINSOME

7980 NW 67 ST STE 200 MIAMI, FL 33166

Mailing Address

7980 NW 67 ST STE 200 MIAMI, FL 33166

FILED _,Apr 25, 2008 08:00 AN Secretary of State



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6. Name and Address of Current Registered Agent

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3810261

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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8. The above the obligat	named entity submits this statement for the putions of registered agent.	irpose of changing its registered o	office or re	gistered agent, or bot	th, in the State of Flori	da. I am familiar with, ai	nd accept
SIGNATURE	Signature, typed or orinted name of registered agent and title if	sopicable (NOTE Registered Ag	ent signature i	equired when reinstating)		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Financin Trust Fund Contribution.	ng-	\$5.00 May Be Added to Fees	• •		
10.	OFFICERS AND DIREC	TORS	· · · · · ·	4 +	11,44, 4,4,5	1.55 1.5. 1.0.1	· ·
NAME STREET ADDRESS CTTY-ST-ZIP	PD HEW, LEIGHTON 2529 GOLF VIEW DR WESTON, FL 33327	· · · · · · · · · · · · · · · · · · ·			# U00000 # NEVIENDE	323492 376692-093-15	2 75
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
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12. Thereby 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:

NAME

TITLE NAME STREET ADDRESS CITY ST-ZIP HILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

> LEIGHTON HEW AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone i