

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000164220

1. Entity Name
JY PRIVATE EQUITY, INC.



Principal Place of Business

1515 N. FEDERAL HIGHWAY
STE 3000, OFFICE #29
BOCA RATON, FL 33432

Mailing Address

1515 N. FEDERAL HIGHWAY
STE 3000, OFFICE #29
BOCA RATON, FL 33432



02192008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-4087957

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NESBETH, AUTUMN
C/O SIG
1515 N. FEDERAL HWY S-3000, OFFICE #29
BOCA RATON, FL 33132

**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 renating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000884894
04/17/08-80062-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YASS, JEFFREY 401 CITY AVENUE, S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SULLIVAN, BRIAN 401 CITY AVENUE, S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREENBERG, JOEL 401 CITY AVENUE, S-220 BALA CYNWYD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Sullivan 3/04/2008 610617-2600

Date

Daytime Phone #