


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 07, 2008 8:00 am
Secretary of State**

03-19-2008 90027 018 ***150.00

DOCUMENT # P06000023645	
1. Entity Name JENEFA GIFT SHOP INC.	

Principal Place of Business 5100 N STATE ROAD 7 FT LAUDERDALE, FL 33319 BR	Mailing Address 5100 N STATE ROAD 7 FT LAUDERDALE, FL 33319 US
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66006022



03052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4342241	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MILSTIN, JENEFA
2314 SW 81 WAY
NORTH LAUDERDALE, FL 33068

**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: **3-6-08**

Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when functioning)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ST MILSTIN, JENEFA 2314 SW 81 WAY NORTH LAUDERDALE, FL 33068
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HALL, LEROY M 7105 N.W. 57 DR. TAMARAC, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: Jenefa Milstin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-08

Date

954-549-5317

Daytime Phone #