2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2008 08:00 Al Secretary of State

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1. Entity Nam	MENT # P060000306 JYEN ENTERPRISES, INC.							
							-	
Principal Plac		Mailing Address						
4100 MASTE Lake Wales	rpiece road , FL 33853 US	4100 MASTERPIECE ROAD LAKE WALES, FL 33853 US	S					
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				03132008	No Chg-P	CR2E034 (1 1/05)	
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Numbe			Applied I	
				20-442 5 Certificate	of Status Desired		Not Appli	
# 1.19 () & &	6. Name and Address of Current Re	gistered Agent			6 1 3 6	Fee	Required	4.
PUTNAM.	ABEL A			, DO	NIOT W	/DITE		i i
	ORIDA AVE.		#1.10		NOT W	Section 1985		
	D, FL 33801			IN I	THIS SI	ACE	-	
							Jugan	<u>"</u>
	named entity submits this statement for the ons of registered agent.	ne purpose of changing its register	ed office or register	ео аделі, ог воі	n, in the State of P	onda, ramiamii	ar with, and at	cept
SIGNATURE Sgnature, typed or printed name of registered agent and hite if applicable (NOTE: Registered			d Agent signature required	when roinstaling)	<u> </u>	QDQ.PATH		-
					U5/U5/U8-	<u>80038-004</u>	150.00	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00		- <u>-</u>	00 May Be ed to Fees				
10.	OFFICERS AND DI	RECTORS				The Art Course	1 Sug 11	
TITLE NAME	DPS NGUYEN, TOM				Simples a			
STREET ADDRESS	4100 MASTERPIECE RD.							
CITY-ST-ZIP	LAKE WALES, FL 33853			(verse), bad estamble				統領 の対象
NAME STREET ADDRESS								
CITY-ST-ZIP				9/5				ंक्ष्री है । ऑक्ट्रेंड
TITLE NAME				· · · · · · · · · · · · · · · · · · ·				Section 1
STREET ADDRESS CITY+ST-ZIP								
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME								

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 courate 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 empowers 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 the information indicated on this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

NATURE AND TYPED OR ROUNTED MANE OF SYCHIPPE OFFICER OR DIRECTOR

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Daytime Phone #