2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

Percent Place of Business Malling Address MAIN 107 CT UNIT 7 MAMI, F. 33178 MAM	DOCUMENT # P06000040330 1. Entity Name JEY MARKETING, INC.								02-25-2008	90034 04	4 ***150	0.00	
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Street Address (P.O. Box Number is Not Acceptable)			and Address of Current	Registered Agent		Name		7. Name and	Address of New	Registered /	Agent		
Title PS PEREZ, JENNY B401 NN 107 CT UNIT # 7 ITILE NAME ADDRESS CITY-ST-2P ITILE NAME ADDR	8401 NW 107 CT						Street Address (P.O. Box Number is Not Acceptable)						
B. 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							,		<u>.</u>	FI	Zip Cod	e	
SIGNATURE Signature ingred or private name of registered agent and othe if applicable. [INOTE: Registered Agent agent are private required when remotating) PILE NOWITH-FEE IS \$150.00	8. The above	named enti	ty submits this statement to	or the purpose of changing it	ts registere	d office or r	registere	ed agent, or bo	oth, in the State of F		· 1	and accept	
Signature, hyperd or prince name of registered agent and the if applicable. (IN/OTE: Registered Agent signature incurred when remissioning) DATE		iions or regis	ileiec agent.										
After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	SIGNATORIE	Signature, type	d or printed name of registered agent	and title if applicable. (NO	TE: Registered	l Agent signature	e required	when reinstating)		DATE			
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indicated on this report or supplemental report is the 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:	indicated of the cor changed.	on this reportion or l or on an atl	ort or supplemental report in the receiver or trustee emplachment with an address.	n this filing does not qualify the and accurate and that owered to execute this report with all other the empowered	for the exe my signat rt as requir d.	emptions co ure shall ha ed by Chap	entained live the s oter 607.	in Chapter 11 ame legal effe Florida Statut	9, Florida Statutes. ct as if made unde es; and that my nai	. I further cen r oath; that I a me appears i	tify that the i am an office n Block 10 o	nformation or director r Block 11 if	