


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 23, 2007 8:00 am**  
**Secretary of State**

01-23-2007 90017 013 \*\*\*150.00

<b>DOCUMENT # P06000083585</b>	
1. Entity Name JOLIN INVESTMENTS, INC.	

Principal Place of Business 455 MAIN STREET SUITE 102 NEW ROCHELLE, NY 10801 US	Mailing Address 455 MAIN STREET SUITE 102 NEW ROCHELLE, NY 10801 US
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**60004914**

2. Principal Place of Business - No P.O. Box # 13048 SW 35 CIRCLE Suite, Apt. #, etc.	3. Mailing Address 13048 SW 35 CIRCLE Suite, Apt. #, etc.
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City & State OCALA FL	City & State OCALA FL
Zip 34473	Country MARION

01212007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5361739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

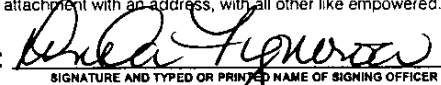
6. Name and Address of Current Registered Agent FIGUEROA, LINDA 13048 S.W. 35 CIRCLE OCALA, FL 34473	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 1/22/07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP FIGUEROA, LINDA 455 MAIN STREET SUITE 102 NEW ROCHELLE, NY 10801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S FIGUEROA, JOHN 455 MAIN STREET SUITE 102 NEW ROCHELLE, NY 10801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, LINDA 455 MAIN STREET SUITE 102 NEW ROCHELLE, NY 10801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIGUEROA, JOHN 455 MAIN STREET SUITE 102 NEW ROCHELLE, NY 10801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	DATE 1/22/07 DAYTIME PHONE # 352-245-1009