## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000083585

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

NEW ROCHELLE, NY 10801 US

() Delete

455 MAIN STREET SUITE 102

NEW ROCHELLE, NY 10801 US

FIGUEROA, JOHN

**Entity Name:** JOLIN INVESTMENTS, INC.

FILED Apr 30, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 13048 SW 35 CIRCLE OCALA, FL 34473 **Current Mailing Address: New Mailing Address:** 13048 SW 35 CIRCLE OCALA, FL 34473 FEI Number: 20-5361739 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FIGUEROA, LINDA 13048 S.W. 35 CIRCLE OCALA, FL 34473 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: P//P ( ) Delete Title: (X) Change ( ) Addition FIGUEROA, LINDA Name: FIGUEROA, LINDA Name: 455 MAIN STREET SUITE 102 13848 SW 35 CIRCLE Address: Address: City-St-Zip: NEW ROCHELLE, NY 10801 US City-St-Zip: OCALA, FL 34473 US Title: T/S Title: T/S () Delete (X) Change ( ) Addition FIGUEROA, JOHN Name: Name: FIGUEROA, JOHN 455 MAIN STREET SUITE 102 13048 SW 35 CIRCLE Address: Address: OCALA, FL 34473 US NEW ROCHELLE, NY 10801 US City-St-Zip: City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition FIGUEROA, LINDA FIGUEROA, LINDA Name: Name: 455 MAIN STREET SUITE 102 13048 SW 35 CIRCLE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

OCALA, FL 34473 US

13048 SW 35 CIRCLE

OCALA, FL 34473 US

FIGUEROA, JOHN

(X) Change ( ) Addition

SIGNATURE: JOHN FIGUEROA T/S 04/30/2008