2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000138145

1. Entity Name

J.N.Y. ENTERPRISES, INC.



Principal Place of Business

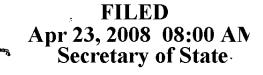
15650 BULL RUN RD

#J.604 MIAMI LAKES, FL 33014 Mailing Address

15650 BULL RUN RD

#J.604

MIAMI LAKES, FL 33014





DO NOT WRITE IN THIS SPACE

02022008 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 11-3794152
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTIAGO, JONATHAN M 15650 BULL RUN RD #J-604 MIAMI LAKES, FL 33014 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_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature regulred when reinstating)

DATE

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

U00000915473 05/09/08-80016-019 150.00

OFFICERS AND DIRECTORS 10. TITLE SANTIAGO, JONATHAN M NAME 15650 BULL RUN RD #J-604 STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33014 TITLE NAME STREET ADDRESS CiTY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-SI-ZIP

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 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:

SIGNATURE AND PIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #