


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2007 8:00 am
Secretary of State

07-09-2007 90050 008 ***150.00

DOCUMENT # P06000154140	
1. Entity Name A. JENVICH, INC.	

Principal Place of Business 6630 FERN STREET MARGATE, FL 33063	Mailing Address 6630 FERN STREET MARGATE, FL 33063
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2. Principal Place of Business - No P.O. Box # 6630 FERN STREET Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State CORAL SPRINGS	City & State
Zip 33067	Country USA

6. Name and Address of Current Registered Agent DOCUMENT SOLUTIONERS 7300 W MCNAB ROAD SUITE 111 TAMARAC, FL 33321		7. Name and Address of New Registered Agent Name AIKURAVITCH CHAINUVATI Street Address (P.O. Box Number is Not Acceptable) 6630 FERN STREET City MARGATE FL Zip Code 33062	
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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: Chaitan Chaitan DATE: 7/3/07	
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FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PRES CHAINUVATI, DARUNEE 6630 FERN STREET MARGATE, FL 33063 <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	VP CHAINUVATI, AIKURAVITCH 6630 FERN STREET MARGATE, FL 33063 <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
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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: X Chaitan Chaitan CHAINUVATI, AIKURAVITCH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 7/3/07 (920) 762-9226 DATE-TIME PHONE *