

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90229 001 ***150.00
 03-24-2008 90229 002 *****8.75
 03-24-2008 90229 003 *****5.00

DOCUMENT # P06000155951

1. Entity Name
JONASH ENTERPRISES, INC.



Principal Place of Business Mailing Address
9 NE 63RD STREET **9 NE 63RD STREET**
MIAMI, FL 33138 **MIAMI, FL 33138**

66004860



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
9 NE 63ST MIAMI 33138

Suite, Apt. #, etc. Suite, Apt. #, etc.

03132008 Chg-P CR2E034 (12/06)

City & State City & State
MIAMI FL **MIAMI FL**

Zip Country Zip Country
33138 **33138** **33138** **33138**

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LOUIS, JONASH
9 NE 63RD STREET
MIAMI, FL 33138

7. Name and Address of New Registered Agent
 Name **JONASH LOUIS**
 Street Address (P.O. Box Number is Not Acceptable)
9 NE 63ST
 City **MIAMI** State **FL** Zip Code **33138**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOUIS, JONASH	
STREET ADDRESS	9 NE 63RD STREET	
CITY-ST-ZIP	MIAMI, FL 33138	
TITLE	DRY WASH	<input type="checkbox"/> Delete
NAME	JONASH LOUIS	
STREET ADDRESS	9 NE 63 ST MIA FL 33138	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	JONASH ENTERPRISES	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **JONASH LOUIS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03 16 06 766 3087 39
Date Daytime Phone #