

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P06000155951

1. Entity Name
JONASH ENTERPRISES, INC.



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

Mailing Address
9 NE 63RD STREET
MIAMI, FL 33138

66004860



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

2. Principal Place of Business - No P.O. Box #

9 NE 63RD STREET MIAMI, FL 33138

3. Mailing Address

9 NE 63RD STREET MIAMI, FL 33138

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03132008

Chg-P

CR2E034 (12/06)

City & State

MIAMI FL

City & State

MIAMI FL

4. FEI Number

Applied For

Not Applicable

Zip
33138

Country

Zip

33138

Country

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 63RD STREET

City MIAMI

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

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

(NOTE: Registered Agent signature required 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

10. OFFICERS AND DIRECTORS

TITLE D
NAME LOUIS, JONASH
STREET ADDRESS 9 NE 63RD STREET
CITY-ST-ZIP MIAMI, FL 33138

☐ Delete

TITLE DRYLUCI
NAME JONASH LOUIS
STREET ADDRESS 9 NE 63RD STREET
CITY-ST-ZIP MIAMI, FL 33138

☐ Delete

TITLE JONASH ENTERPRISES
NAME JONASH ENTERPRISES
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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:

JONASH LOUIS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03

16

06

766 3087

39

Date

Daytime Phone #