

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000052268

FILED
Apr 29, 2008
Secretary of State

Entity Name: JENNIFER RAMIREZ ENTERPRISES, INC.

Current Principal Place of Business:

6663 LA MIRADA DR. WEST #2
JACKSONVILLE, FL 32217

New Principal Place of Business:

Current Mailing Address:

6663 LA MIRADA DR. WEST #2
JACKSONVILLE, FL 32217

New Mailing Address:

6271 ST. AUGUSTINE RD.
STE 27
JACKSONVILLE, FL 32217

FEI Number: 20-8952803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RAMIREZ, JENNIFER
6663 LA MIRADA DR. WEST #2
JACKSONVILLE, FL 32217 US

Name and Address of New Registered Agent:

RAMIREZ, JENNIFER
6271 ST. AUGUSTINE RD.
STE 27
JACKSONVILLE, FL 32217 US

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:

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RAMIREZ, JENNIFER
Address: 6663 LAMIRANDA DRIVE WEST #2
City-St-Zip: JACKSONVILLE, FL 32217

Title: VP () Delete
Name: RAMIREZ, JENNIFER
Address: 6663 LA MIRANDA DRIVE WEST #2
City-St-Zip: JACKSONVILLE, FL 32217

Title: TREA (X) Delete
Name: RAMIREZ, JENNIFER
Address: 6663 LA MIRANDA DRIVE #2
City-St-Zip: JACKSONVILLE, FL 32217

Title: SEC (X) Delete
Name: RAMIREZ, JENNIFER
Address: 6663 LA MIRANDA DRIVE WEST #2
City-St-Zip: JACKSONVILLE, FL 32217

Title: DIR (X) Delete
Name: RAMIREZ, JENNIFER
Address: 6663 LA MIRANDA DRIVE WEST #2
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAMIREZ, JENNIFER
Address: 13426 LONG CYPRESS TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: DIR (X) Change () Addition
Name: RAMIREZ, JENNIFER
Address: 13426 LONG CYPRESS TRAIL
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: JENNIFER RAMIREZ

PRES

04/29/2008

Electronic Signature of Signing Officer or Director

Date