2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000113596 1. Enlity Name JENZ DESIGNER CLIQUE INC.								2008 HA	FILE Y - I		3:31	
Principal Place 3305 CAPITA TALLAHASSE	AL CIRCLE N	3305 (Mailing Address 3305 CAPITAL CIRCLE NE, STE. TALLAHASSEE, FL 32308				SECRELARY OF STATE TALLAHASSEE, FLORIDA				11 26 4 (1 1 25 1	
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailin	3. Mailing Address								
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.			05012008	Chg-P	CI	R2E034	(12/06)		
City & State			City &	City & State			4. FEI Numb	ber				plied For t Applicable
Zip		Country	Zip	Zip Coun			5. Certificate	e of Status Desir	ed [] \$8	3.75 Add e Required	itional d
	6. Name	and Address of Curr	ent Registered	Agent		Name	7. Name an	d Address of N	ew Regist	ered Age	ent	
HINOJOSA 1900 CEN TALLAHAS	TREPOIN					Street Address (P.O. Box Number is Not Acceptable)						
					City				FL	Zip Code		
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.												
10. OFFICERS AND DIRECTORS 11.							ADDITIONS	S/CHANGES TO	OFFICERS	S AND D	IRECTOR:	5 IN 11
TITLE NAME	D Delete TIT					_					Change	☐ Addition
STREET ADDRESS	1900 CENTRE POINTE BLVD., #75 TALLAHASSEE, FL 32308					EET ADDRESS '-ST-ZIP						
TITLE				E					Change	Addition		
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CITY-ST-ZIP						-ST-ZIP	05/14	4/08010	0301	12 *	*150.	00
TITLE				☐ Delete	TITL						Change	☐ Addition
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STREET ADDRESS						EET ADDRESS						
CITY-SI-ZIP			<u> </u>	☐ Delete	CITY	r-ST-ZIP		. .		r	Change	☐ Addition
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STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP								
TITLE				☐ Defete	TITL						Change	Addition
NAME STREET ADDRESS				EET ADDRESS								
CITY-ST-ZIP						-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 attachnient with an address, with all other like empowered.												
SIGNAT		Jun	ha	Hris-				5/10	8	26	4-0	דרר
JOINA	~!\ L. _	SIGNATINE AND TYPE	TOO DOINTED NAME	OE BICHING DESIDED	OPTIOES	TOP		Date		Doud	ima Phana il	