

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # P93000022423

1. Entity Name

JENEVA WORD DIMAMBRO, INC.



Principal Place of Business

180 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415

Mailing Address

180 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0399968

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DIMAMBRO, JENEVA W
180 N. MILITARY TRAIL
WEST PALM BEACH, FL 33415

**DO NOT WRITE
IN THIS SPACE**

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

U000000912097
05/07/08-80066-018 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DIMAMBRO, JENEVA W
STREET ADDRESS 180 N. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH, FL 33415

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JENEVA WORD DIMAMBRO

Date

Daytime Phone #

4/18/08

561 478 9593