

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90006 013 ***150.00

DOCUMENT # P93000080601

1. Entity Name
JENLY WHOLESALE, INC.



Principal Place of Business
5353 NW 72ND AVE.
MIAMI, FL 33166 US

Mailing Address
~~640 NW 133RD AVE~~
~~MIAMI, FL 33182~~

2. Principal Place of Business

3. Mailing Address

16202 S.W. 48 Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
MIAMI FL

Zip

Country

Zip

Country

33185

03122004

Chg-P

CR2E034 (10/03)

4. FEI Number
65-0450020

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHAN, WAI C
640 NW 133RD AVE
MIAMI, FL 33182

7. Name and Address of New Registered Agent

Name

Wai CHOW CHAN

Street Address (P.O. Box Number is Not Acceptable)

16202 S.W. 48 Terraces

City

MIAMI

FL

Zip Code

33185

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

SIES FONG JOA Vice President

4/16/04

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, 2004 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	CHAN, WAI C	
STREET ADDRESS	640 NW 133RD AVE	
CITY-ST-ZIP	MIAMI, FL 33182	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	JOA, SIES FONG	
STREET ADDRESS	640 NW 133 AVE	
CITY-ST-ZIP	MIAMI, FL	
TITLE		<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
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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 exemption stated in Section 119.07(3)(i), 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

4/16/04

Date

Daytime Phone #