2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 06, 2008 8:00 am Secretary of State

Principal Place of Business 16202 SW, 48 TERRACE 16202 SW, 48 TERRACES 16202 SW, 4	DOCUMENT # P93000080601 1. Entity Name JENLY WHOLESALE, INC.							08 900 3 0 0	10 ***15	60.00	
S253 NW 72ND AVE. 16202 S.W. 48 TERRACE MAMIL, Pt. 33185 MARINE 133186 MARINE M	D. Carlotte and D. Carlotte					4 400	10011				
Salito Apt #, edc	5353 NW 72	ND AVE.	16202 S.W. 48 TERRACE			,					
Salito Apt #, edc	2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address	Mailing Address							
City State			,						IO 01114 00101 HO		
Zip	Suite, Apt. #, etc.		Suite, Apt. #, etc.		01162008	Chg-P	CR2E03	34 (12/06)	-		
S. Certificate of Status Desired Fee Required	City & State		City & State			1					
CHAN, WAI CHON 16202 S.W. 48 TERRACES MIAMI, FL 33185 City State Address (P.O. Box Number is Not Acceptable) Street Address of Plorida. I am farmisher with, and accept the objections of registered agent or before Address (P.O. Box Number is Not Acceptable) Street Address of Plorida. I am farmisher with, and accept the objections of registered agent. Or both, in the State of Plorida. I am farmisher with, and accept the objections of registered agent. Or both, in the State of Plorida. I am farmisher with, and accept the objections of registered agent. Or both, in the State of Plorida. I am farmisher with, and accept the objections of registered agent. Or both, in the State of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of Plorida. I am farmisher with, and accept the object of	Zip	Country	Zip	Country		5. Certificate	of Status Desired				
CHAN, WAI CHON 15/202 S.W. 48 TERRACES MIAMI, FL 33185 Signar May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS IN 11	,	6. Name and Address of Current Registered Agent				7. Name and	Address of New	Registered A	gent		
B. 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 found or an interfered agent and title / accidable. MOTE Registered Agent signature required agent and title / accidable. MOTE Registered Agent signature required agent and rame of imprisered agent and title / accidable. MOTE Registered Agent signature required agent and rame of imprisered agent and title / accidable. MOTE Registered Agent signature required agent and rame of imprisered agent and title / accidable. MOTE Registered Agent signature required agent and rame of imprisered agent. MOTE FILE NOW!!! FEE IS \$150.00 9. Election Commpaign Financing \$5.00 May Be Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. III.E NAME NAME NAME NAME NAME Change Addition SIRELL ADDRESS CITY - S1-2P III.E NAME NAME	16202 S.W. 48 TERRACES										
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After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
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	CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained						Maria Ori	14 -		· · · · ·	

12. Thereby certify that the information supplied with this filling does not quality 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 life empowered.

SIGNATURE:

GNATURE AND TYPED ON PRINTING MALE OF SIGNING OFFICER OR DIRECT

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Daytime Phone #