## **2008 FOR PROFIT CORPORATION**

## Apr 30, 2008 8:00 am Secretary of State **ANNUAL REPORT** 04-30-2008 90167 011 \*\*\*150.00 DOCUMENT # P95000019151 1. Entity Name JAYNA INC. 60032616 Principal Place of Business Mailing Address 630 SW PALMETTO COVE 2527 S US 1 FORT PIERCE, FL 34982 PORT SAINT LUCIE, FL 34986 US 04172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0557756 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RANJANA, PATEL DO NOT WRITE 630 SW PALMETTO COVE PORT ST LUCIE, FL 34986 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. SÍGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PD TITLE RANJANA, PATEL NAME STREET ADDRESS 630 SW PALMETTO COVE PRT ST LUCIE, FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-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 empower of personnel pe of the corporation or the receiver or trustee empowe changed, or on an attachment with an address, with er like empowered.

SIGNATURE: \_

TITLE

STREET ADDRESS CITY-ST-ZIP

Daytime Phone #

**FILED**