FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State

1. Entity Name					05-17-2002 90037 031 ***150.00			
,	JENNY ENTERPRISES, INC	•						
DO MOT MOITE IN THE COLUMN								
	DO NOT WRITE	IN THIS SI	PACE					
2. Principal Place of Business 3. Mailing Address 1360 South Ocean Blvd. 1360 South Oce								
Suite, Apt. #, etc.		1360 South Ocean Blvd. Suite, Apt. #, etc.		- -	DO NOT WRI	TE IN THIS SPA	.CE	
Suite 1008 City & State		Suite 1008 City & State						
Pompano Beach FL		Pompano Beach FL		4.	FEI Number 65-0652208		Applied For Not Applicable	
Zip 33062	Country USA	Zip 33062	Country USA	5.	Certificate of Status Desired		.75 Additional Required	
			Name	7. N	ame and Address of Current	Registered Ag	jent -	
} 	DO NOT W	DITE			Muro			
ı		Street Add	Street Address (P.O. Box Number is Not Acceptable) 1360 So Ocean Blvd.					
IN THIS SPACE				Suite 1008				
		·	City		ano Beach	FL	Zip Code 3 3 0 6 2	
8. The above	e named entity submits this statement for t	he purpose of changing its	registered office or re			rida.		
01041471105			-				. }	
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent signature	required when r	einstating)	DATE		
9. This corp	oration is eligible to satisfy its Intangible		ay 1 Fee is \$150.0	00	40 51-15 0 1 5		<u> </u>	
(Con pritorio an basis)			1, Fee is \$550.00 UBR is \$61.25	,	10. Election Campaign Fine Trust Fund Contribution		\$5.00 May Be Added to Fees	
11.	OFFICERS AND D	Make Check Payabl	e to Department o	of State	<u> </u>			
TITLE	D		TITLE				CR2E034B (12/01)	
NAME CIRCET LORDEGO	James Muro		NAME					
STREET ADDRESS CITY-ST-ZIP	1300 South Ocean Biva, #1008		STREET ADDRESS CITY-ST-ZIP					
TITLE	Pompano Beach FL 33062		TITLE					
NAME	Iris Muro		NAME		(8			
STREET ADDRESS	1360 South Ocean Blvd #1008		STREET ADDRESS					
	Pompano Beach FL 33062							
TITLE NAME	_		TITLE		•••	* * * * * * * * * * * * * * * * * * * *		
STREET ADDRESS		مستعمل الماء ورامعها	NAME STREET ADDRESS	-				
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NAME STREET ADDRESS			NAME		IN THIS SPACE			
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TITLE NAME			TITLE					
STREET ADDRESS			NAME STREET ADDRESS				}	
CITY-ST-ZIP			CITY-ST-ZIP					
13. I hereby o	ertify that the information supplied with the on this report or supplemental report is tru	s filing does not qualify for the	he exemption stated	in Section 1	19.07(3)(i), Florida Statutes. I f	urther certify th	at the information	

to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE:

Daytime Phone #