


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90009 034 ***150.00

DOCUMENT # P96000025167

1. Entity Name
JENNY ENTERPRISES, INC.



Principal Place of Business
1360 S OCEAN BLVD
1008
POMPANO BEACH, FL 33062 US

Mailing Address
1360 S OCEAN BLVD
1008
POMPANO BEACH, FL 33062 US

54061143



2. Principal Place of Business
 Suite/Apt. #, etc.

3. Mailing Address
 Suite/Apt. #, etc.

07022004 Cng-P CR2E034(10/03)

City & State

4. FEI Number
65-0652208

Applied For
 Not Applicable

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MURO, IRIS
~~**1360 S ORANGE BLVD**~~
1008
POMPANO BEACH, FL 33062

WRONG ADDRESS

7. Name and Address of New Registered Agent
 Name **IRIS MURO**
 Street Address (P.O. Box Number is Not Acceptable)
1360 SO. OCEAN BLVD. # 10008
 City **POMPANO BEACH** FL Zip Code **33062**

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 *James Muro* DATE **7/7/04**

Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	MURO, JAMES
STREET ADDRESS	1360 S OCEAN BLVD #1008
CITY-ST-ZIP	POMPANO BEACH, FL 33062
TITLE	D <input type="checkbox"/> Delete
NAME	MURO, IRIS
STREET ADDRESS	1360 S OCEAN BLVD #1008
CITY-ST-ZIP	POMPANO BEACH, FL 33062
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
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: *James Muro* **JAMES MURO** DATE **7/7/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #