

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2008 8:00 am
Secretary of State

05-30-2008 90213 002 ***150.00

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|---|---------------------------------|--|--|--|--|
| DOCUMENT # P96000066575 | | | | | |
| 1. Entity Name JAYNE S. BENJAMIN, P.A. | | | | | |
| Principal Place of Business 10660 MAPLE CHASE DRIVE BOCA RATON, FL 33498 | | | Mailing Address 10660 MAPLE CHASE DRIVE BOCA RATON, FL 33498 | | |
| 2. Principal Place of Business - No P.O. Box # 4189 NW 60 circle | | 3. Mailing Address 4189 NW 60 circle | | | |
| Suite, Apt. #, etc. Briarcliff Circle | | Suite, Apt. #, etc. | | | |
| City & State Boca Raton FL | | City & State Boca Raton FL | | | |
| Zip 33496 | | Country USA | | Zip 33496 | |
| Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent BENJAMIN, JAYNE S 10660 MAPLE CHASE DRIVE BOCA RATON, FL 33498 | | | 7. Name and Address of New Registered Agent Name: BENJAMIN JAYNE S Street Address (P.O. Box Number is Not Acceptable): 4189 NW 60 circle (Briarcliff Circle) City: Boca Raton FL Zip Code: 33496 | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME BENJAMIN, JAYNE S STREET ADDRESS 10660 MAPLE CHASE DRIVE CITY-ST-ZIP BOCA RATON, FL 33498 | <input type="checkbox"/> Delete | | TITLE P NAME BENJAMIN, JAYNE S STREET ADDRESS 4189 NW 60th circle CITY-ST-ZIP Boca Raton, FL 33496 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 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 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: _____ 5/6/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |

ATTACHMENT 5/4/08
To Whom it May Concern: 40106499
#P96000066575

I never received any notice for request to renew the 2008 calendar year Corporate Annual report.

I relocated my address to 4189 Briarcliff Circle Boca Raton, FL 33496 which explains why I never received notification to renew from the Division of Corporations.

I am enclosing here with the 2008 for profit corporation form that I obtained through your internet services along with the sum of 150.00 which I request you consider this timely filed in light of the foregoing.

Sincerely,

Jaye Benjamin

TAX ID 65-085570