2008 FOR PROFIT CORPORATION

May 05, 2008 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P96000079429 05-05-2008 90229 048 ***150.00 JUMBO ENTERPRISES, INC. Principal Place of Business Mailing Address 2920 & 2940 NW 5TH AVENUE 2920 & 2940 NW 5TH AVENUE MIAMI, FL 33127 MIAMI, FL 33127 04112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0698175 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent DONAHAY, HYON S DO NOT WRITE 2920 & 2940 NW 5TH AVE. MIAMI, FL 33127 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. (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 OFFICERS AND DIRECTORS 10. TITLE DONAHAY, HYON S PRES NAME STREET ADDRESS 2920 & 2940 NW 5TH AVE CITY-ST-ZIP MIAMI, FL 33127 HILLE NAME 4 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 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 empt

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED