

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

7/3

FILED
Sep 03, 2008 8:00 am
Secretary of State

07-31-2008 90043 025 ***125.00

09-03-2008 90004 046 ****25.00

DOCUMENT # P97000050423

1. Entity Name

JAZ ENTERPRISES, INC.



Principal Place of Business

**1390 S.W. BELLEVUE AVENUE
PORT ST. LUCIE, FL 34953**

Mailing Address

**1390 S.W. BELLEVUE AVENUE
PORT ST. LUCIE, FL 34953**

40115005



03262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0759063

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ZARRILLI, CATHERINE S
1390 S.W. BELLEVUE AVENUE
PORT ST. LUCIE, FL 34953**

**DO NOT WRITE
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when revalidating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
ZARRILLI, CATHERINE S
1390 S.W. BELLEVUE AVENUE
PORT ST. LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
ZARRILLI, DANIEL J
1390 S.W. BELLEVUE AVENUE
PORT SAINT LUCIE, FL 34953**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Catherine Zarrilli

Vice.

April 15, 2008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

ATTACHMENT



JAZ Enterprises Inc.

40115005
P97000050423

July 26, 2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: 2008 for Profit Corporation Annual Report

I received a notice of Articles of Dissolution was in effect. I immediately called to explain that I had returned all necessary paperwork in on a timely basis and I have not received anything returned in the mail that all was not received.

As instructed last week, I check to see if Florida Department of State deposited my check, as it is still outstanding. I was instructed to mail my normal renewal fee of \$125.00 as soon as possible with all necessary paperwork without a problem.

Please find my check #2424 in the amount of \$125.00 to renew my corporation JAZ Enterprises Inc.

If any additional information is needed, please do not hesitate to contact me at the numbers shown.

JAZ Enterprises Inc.

Catherine Zarrilli
Catherine Zarrilli
Vice President/Secretary

1390 SW Bellevue Avenue, Suite #202
Port St. Lucie, FL 34953-1209

Phone: (772)344-6360.
Fax: (772)344-6607
E-mail: jaz2enterprises@bellsouth.net