2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State
04-29-2008 90078 046 ***158.75

DOCUMENT # P97000081196

1. Entity Name
JAY CINN SERVICES, INC.

Principal Place of Business	Mailing Address
1009 CHERRY LN WELLINGTON, FL 33414	1009 CHERRY LN WELLINGTON, FL 33414

4U088533

04262008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3690 MAY PL	3690 MAY PL
Suite, Apt. #, etc.: APT. 103	Suite, Apt. #, etc.: APT. 103
City & State: BOYNTON BEACH FL	City & State: BOYNTON BEACH FL
Zip: 33436 Country:	Zip: 33436 Country:

4. FEI Number 65-0817959 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHARNEY, JEFFREY J 1009 CHERRY LN WELLINGTON, FL 33414	Name: JEFFREY J. CHARNEY Street Address (P.O. Box Number is Not Acceptable): 3690 MAY PL APT 103 City: BOYNTON BEACH FL Zip Code: 33436

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

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	CHARNEY, RENEA		NAME		
STREET ADDRESS	1009 CHERRY LN		STREET ADDRESS	3690 MAY PL	
CITY-ST-ZIP	WELLINGTON, FL 33414		CITY-ST-ZIP	BOYNTON BEACH FL 33436	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 empowered.

SIGNATURE: Renea Charney RENEA CHARNEY 4/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #