

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000040692

**FILED**  
**Apr 14, 2011**  
**Secretary of State**

**Entity Name:** JENE'S RETIREMENT LIVING, INC.

**Current Principal Place of Business:**

1595 NE 145TH STREET  
N MIAMI, FL 33161 US

**New Principal Place of Business:**

**Current Mailing Address:**

12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 US

**New Mailing Address:**

1595 NE 145TH STREET  
NORTH MIAMI, FL 33161 US

**FEI Number:** 65-0851771

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BENGIO, JACOB  
12221 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: ESFORMES, PHILIP  
Address: 6865 N. LINCOLN AVENUE  
City-St-Zip: LINCOLNWOOD, IL 60712

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP ESFORMES

PD

04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date