2006 FOR PROFIT CORPORATION ANNUAL REPORT

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1. Entity Name
JEN CORPORATION

Principal Place of Business
13899 BISCAYNE BLVD., SUITE 302
N. MIAMI BEACH, FL 33181

Mailing Address
~~C/O BLAKESBERG & CO CPAS~~
~~951 SW 4TH AVE~~
~~BOCA RATON, FL 33432-5803~~

02132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		13899 Biscayne Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #302	
City & State		City & State Miami FL	
Zip	Country	Zip 33181	Country US

4. FEI Number 65-0862382 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~BLAKESBERG, WILLIAM~~
~~951 SW 4TH AVE~~
~~BOCA RATON, FL 33432~~

Eric Zuili

7. Name and Address of New Registered Agent

Name ~~JEN CORPORATION~~
Street Address (P.O. Box Number is Not Acceptable) 13899 Biscayne Blvd. Suite #302
City N. Miami Beach FL Zip Code 33181

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] DATE 3/8/06
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, 2006 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	President	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	ZUILI, ERIC		NAME	
STREET ADDRESS	13899 BISCAYNE BLVD, STE 302		STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH, FL 331811647		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
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CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

JR 4/6

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: [signature] 3/8/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #