2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2008 8:00 am
Secretary of State
07-11-2008 90016 035 ***150.00

DOCUMENT # P98000062016

1. Entity Name
JEN CORPORATION

40110266

Principal Place of Business	Mailing Address
13899 BISCAYNE BLVD., SUITE 136 N. MIAMI BEACH, FL 33181	13899 BISCAYNE BLVD., SUITE 136 N. MIAMI BEACH, FL 33181

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2801 N. University Drive		2801 N. University Drive	
Suite, Apt. #, etc. # 301		Suite, Apt. #, etc. # 301	
City & State Coral Springs FL		City & State Coral Springs FL	
Zip 33065	Country U S	Zip 33065	Country U S

07082008 Chg-P CR2E034 (12/06)

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	7. Name and Address of New Registered Agent
ZUILI, ERIC 13899 BISCAYNE BLVD., SUITE 136 N. MIAMI BEACH, FL 33181	Name Eric Zuili Street Address (P.O. Box Number is Not Acceptable) 2801 N. University Drive suit# 301 City Coral Springs FL Zip Code 33065

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] Eric Zuili 7/7/2008
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ZUILI, ERIC 13899 BISCAYNE BLVD, STE 136 N. MIAMI BEACH, FL 331811647	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Zuili Eric 2801 N. University Drive, STE # 301 Coral Springs FL 33065	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

the new address

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] Eric Zuili 7/7/08 3058155659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #