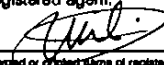
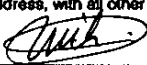


FILED
Jul 11, 2008 8:00 am
Secretary of State

07-11-2008 90016 035 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P98000062016			
1. Entity Name JEN CORPORATION			
Principal Place of Business 13899 BISCAYNE BLVD., SUITE 136 N. MIAMI BEACH, FL 33181		Mailing Address 13899 BISCAYNE BLVD., SUITE 136 N. MIAMI BEACH, FL 33181	
2. Principal Place of Business - No P.O. Box # 2801 N. University Drive		3. Mailing Address 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 US	Zip 33065	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 ZUILL, ERIC 13899 BISCAYNE BLVD., SUITE 136 N. MIAMI BEACH, FL 33181		7. Name and Address of New Registered Agent Name ERIC ZUILL Street Address (P.O. Box Number is Not Acceptable) 2801 N. University Drive Suite # 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:  ERIC ZUILL DATE: 7/7/2008 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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 ZUILL, ERIC 13899 BISCAYNE BLVD, STE 136 N. MIAMI BEACH, FL 331811647 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Zuill Eric 2801 N. University Drive, Ste # 301 Coral Springs FL 33065 ☒ Change ☐ Addition <i>the new address</i>
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
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:  ERIC ZUILL		DATE: 7/7/08 DAYTIME PHONE #: 305 815 5659	