2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P98000099946

1. Entity Name JONEIL INDUSTRIES, INC. OF BOCA INVESTMENT **GROUP**



Principal Place of Business

170 NW SPANISH TRAIL BLVD

SUITE # 4 BOCA RATON, FL 33431 US Mailing Address ...

P.O. 80X 265

BOCA RATON, FL 33429

FILED Mar 16, 2007 08:00 A Secretary of State



DO NOT WRITE IN THIS SPACE

03052007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0894206

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional Fee Required

6. Name and Address of Current Registered Agent

SISKIND, SUSAN 170 NW SPANISH TRAIL BLVD SUITE #4 BOCA RATON, FL 33431

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	lions of registered agent.	acibose of changing its ref	gistered office of t	egistered agent, or bo	an, in the State of Horiota. Fam (animal with, and accept	
SIGNATURE.	Signature: typed or printed name of registered agent and title	# applicable. (NOTE: Re	gistered Agent signatur	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Trust Fund Contribu		\$5.00 May Be Added to Fees	000000669529 03/27/07-80078-001 150.00	
10.	OFFICERS AND DIRECTORS				×	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SISKIND, SUSAN P.O. BOX 265 BOCA RATON, FL 33429					
TITLE	D					

The share named entity submits this statement for the purpose of changing its registered office or registered event or both in the State of Florida. Lam familiar with and accent

SISKIND, JON NAME STREET ADDRESS P.O. BOX 265 CITY-ST-ZIP BOCA RATON, FL 33429 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not ruality 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 his 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 the empowered.

SIGNATURE:

(Daytime Phone # ~