


2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000071169

1. Entity Name
JNE OF BOCA, INC.



Principal Place of Business 5250 TOWN CENTER CIRCLE SUITE #125 BOCA RATON, FL 33486	Mailing Address 5250 TOWN CENTER CIRCLE SUITE #125 BOCA RATON, FL 33486
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DO NOT WRITE IN THIS SPACE

01072005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0939473	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEVY, JOEL I
2101 CORPORATE BLVD.
STE 317
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOVK, NINA 3420 S OCEAN BLVD APT 12R HIGHLAND BEACH, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEZDECK, EMMA 3770 VILLAGE DR DELRAY BCH, FL
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04/02/05-80038-005 150.00.

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  2/16/05 561-391-8803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____