

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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



04262007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0939473

Applied For
Not Applicable

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 _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME VOVK, NINA
STREET ADDRESS 3420 S OCEAN BLVD APT 12R
CITY - ST - ZIP HIGHLAND BEACH, FL 33486

TITLE D
NAME BEZDECK, EMMA
STREET ADDRESS 4232 GLEN EAGLES DRIVE
CITY - ST - ZIP BOYNTON BEACH, FL 33436

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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U00000740745
05/15/07-80001-012 150.00

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EMMA BEZDEK

4/26/07 561-391-8803

Date

Daytime Phone #