**2008 FOR PROFIT CORPORATION ANNUAL REPORT** 

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # P99000071169**

1. Entity Name JNE OF BOCA, INC.

**FILED** Aug 21, 2008 08:00 AM Secretary of State

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



06102008 No Chg-P CR2E034 (11/05)

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			IN THIS SPACE		
	a named entity submits this statement for the tions of registered agent.	a purpose of changing its register	ed office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and til	tle if applicable (NOTE: Registere	rd Agent signature	required when rainstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Finar 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 DIR	ECTORS	<b>.</b>		
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 4232 GLEN EAGLES DRIVE BOYNTON BEACH, FL 33436				U00000958068 08/21/08-80001-018 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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:

NAME STREET ADDRESS CITY-ST-ZIP