2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S73826

1. Entity Name
JEAN ENTERPRISES, CORP.

FILED Feb 15, 2007 08:00 A Secretary of State

Principal Place of Business

410 GOLDEN ISLE DR

403

HALLANDALE, FL 33009 US

Mailing Address

410 GOLDEN ISLE DR

403

DO NOT WRITE IN THIS SPACE

HALLANDALE, FL 33009

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0275549

02122007

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VALLIERES, JEAN EUDES 410 GOLDEN ISLE DR #403 HALLANDALE, FL 33009

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	red office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		Election Campaign Fina Trust Fund Contribution		\$5.00 May Be Added to Fees	000000636542 02/26/07-80023-017 150.00	
10.	OFFICERS AND DIREC	TORS	1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VALLIERES, JEAN EUDES 410 GOLDEN ISLE DR #403 HALLANDALE, FL 33009					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
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CITY-ST-ZIP	• •			•		

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: &

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2//2/07

Daylime Phone #