

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000130850

**Entity Name:** JENEMI ASSOCIATES, INC.

**Current Principal Place of Business:**

2295 S HIAWASSEE RD  
SUITE 411  
ORLANDO, FL 32835

**FILED**  
**Jan 12, 2021**  
**Secretary of State**  
**1863071851CC**

**Current Mailing Address:**

2295 S HIAWASSEE RD  
SUITE 411  
ORLANDO, FL 32835

**FEI Number:** 20-1635529

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

POLA, ROBERT  
2295 S HIAWASSEE RD  
SUITE 411  
ORLANDO, FL 32835 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           DVP  
Name           POLA, ROBERT  
Address        2295 S HIAWASSEE RD STE 411  
City-State-Zip: ORLANDO FL 32835

Title           PRESIDENT  
Name           POLA, EMILY  
Address        2295 S HIAWASSEE RD STE 411  
City-State-Zip: ORLANDO FL 32835

Title           DIRECTOR  
Name           POLA, JACQUELINE  
Address        2295 S HIAWASSEE RD  
                  SUITE 411  
City-State-Zip: ORLANDO FL 32835

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EMILY POLA

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01/12/2021

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date