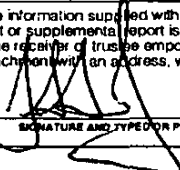


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-11-2005 90145 033 ***150.00

DOCUMENT # P04000040043					
1. Entity Name JORLEEN, INC.					
Principal Place of Business 501 SW 24 AVE MIAMI, FL 33135 US			Mailing Address 501 SW 24 AVE MIAMI, FL 33135 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-0850675	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, JORGE A 501 SW 24 AVE MIAMI, FL 33135				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 renewing) 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERNANDEZ, JORGE A		NAME		
STREET ADDRESS	501 SW 24 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33135		CITY - ST - ZIP		
TITLE	VP	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CANO, PABLO		NAME		
STREET ADDRESS	501 SW 24 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33135		CITY - ST - ZIP		
TITLE	SEC	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	HERNANDEZ, AILEEN I		NAME		
STREET ADDRESS	2451 BRICKELL AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33133		CITY - ST - ZIP		
TITLE	TRES	☐ Delete	TITLE	☐ Change	☐ Addition
NAME	CANO, MARGARITA		NAME		
STREET ADDRESS	501 SW 24 AVE		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33135		CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		☐ Delete	TITLE	☐ Change	☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		JORGE A. HERNANDEZ		04/05/2005 (305) 412-6147	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone	

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04042005 Chg-P CR2E034 (10/03)