

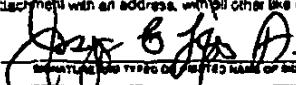
9/8/2005-90070-032-\$150.00-\$150.00

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

FILED

05 OCT 14 AM 9:02

attach SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                    |                                                                |                                                                                   |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|------------------------------------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # P04000105854</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                    |                                                                |  |         |
| 1. Entity Name<br>JELA CORP.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                          |                                                                                    |                                                                |                                                                                   |         |
| Principal Place of Business<br>1647 NW 144 WAY<br>PEMBROKE PINES, FL 33028                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                    | Mailing Address<br>1647 NW 144 WAY<br>PEMBROKE PINES, FL 33028 |                                                                                   |         |
| 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<br>20-3603387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                    |                                                                | Applied For<br>(Not Applicable)                                                   |         |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                    |                                                                | \$8.75 Additional Fee Required                                                    |         |
| 6. Name and Address of Current Registered Agent<br>LOPEZ, JORGE E<br>18565 SW 104 AVE.<br>MIAMI, FL 33157                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                          |                                                                                    |                                                                | 7. Name and Address of New Registered Agent                                       |         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                    |                                                                | Street Address (P.O. Box Number is Not Acceptable)                                |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                    |                                                                | FL 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 _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                          |                                                                                    |                                                                |                                                                                   |         |
| FILE NOW!! FEE IS \$550.00<br>Due by September 7, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                          | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> |                                                                | \$5.00 May Be<br>Added to Fees                                                    |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                          |                                                                                    | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11         |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PST                      | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LOPEZ, JORGE E           |                                                                                    | NAME                                                           |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 1847 NW 144 WAY          |                                                                                    | STREET ADDRESS                                                 |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | PEMBROKE PINES, FL 33028 |                                                                                    | CITY-ST-ZIP                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                    | NAME                                                           |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                    | STREET ADDRESS                                                 |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                    | CITY-ST-ZIP                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |         |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          |                                                                                    | NAME                                                           |                                                                                   |         |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                          |                                                                                    | STREET ADDRESS                                                 |                                                                                   |         |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                          |                                                                                    | CITY-ST-ZIP                                                    |                                                                                   |         |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                          | <input type="checkbox"/> Delete                                                    | TITLE                                                          | <input type="checkbox"/> Change <input type="checkbox"/> 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:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                          |                                                                                    | 09/01/05 (8541438843)                                          |                                                                                   |         |
| SIGNATURE (AND TYPE OF OFFICE) OF REGISTERED OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                          |                                                                                    | Date                                                           |                                                                                   |         |

ATTACHMENT

50065669

August 30, 2005

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
P.O. BOX 1500  
Tallahassee, Florida, 32302-1500

RE: JELA, CORP.  
P04000105854

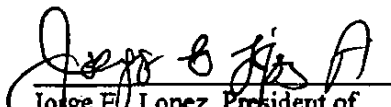
Dear Sirs:

This is to inform you that I never got the form annual report/uniform business from you, to make renewal payment.

So for the same reason I am sending you the payment of \$150.00 and 2005 for profit Corporation annual report now.

This is my first renewal time and I beg you to understand my unintentional renewal payment and abate the penalty of \$400.00 applied.

Awaiting your news of the matter, I remain very truly,

  
Jorge E. Lopez, President of  
Jela Corp.