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

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05 OCT 14 AM 9:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
attach

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000105854

1. Entity Name
JELA CORP.

Principal Place of Business	Mailing Address
1647 NW 144 WAY PEMBROKE PINES, FL 33028	1647 NW 144 WAY PEMBROKE PINES, FL 33028

08302005 Chg-P CR2E034 (10/03)

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 20-3603387 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LOPEZ, JORGE E 18585 SW 104 AVE. MIAMI, FL 33157	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 ______ Signature, typed or printed name of registered agent and title if applicable NOTE: Registered Agent signature required when reinstating DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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 NAME STREET ADDRESS CITY-ST-ZIP	PST LOPEZ, JORGE E 1647 NW 144 WAY PEMBROKE PINES, FL 33028	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	05	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JR 10/18	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 E Lopez P. 09/01/05 (954) 438-8443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
500656697

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 unnintencional 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.