2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007221

Title:

Name:

Address:

City-St-Zip:

Entity Name: JASMINE SOLA CO., INC.

FILED Aug 27, 2007 Secretary of State

Entity Name: JASMINE SOLA CO., INC.	
Current Principal Place of Business:	New Principal Place of Business:
450 WEST 33RD STREET NEW YORK, NY 10001	
Current Mailing Address:	New Mailing Address:
450 WEST 33RD STREET NEW YORK, NY 10001	
FEI Number: 04-2526617 FEI Number Applie	d For () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered	Agent: Name and Address of New Registered Agent:
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US	
The above named entity submits this statem in the State of Florida.	ent for the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Reg	gistered Agent Date
In accordance with s. 607.193(2)(b), F.S., the corporation Campaign Financing Trust Fund Contribu	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Title: DCEO () Delete Name: CRYSTAL, RICHARD P Address: 450 WEST 33RD STREET City-St-Zip: NEW YORK, NY 10001	Title: () Change () Addition Name: Address: City-St-Zip:
Title: DCOO () Delete Name: RISTAU, RONALD W Address: 450 WEST 33RD STREET City-St-Zip: NEW YORK, NY 10001	Title: () Change () Addition Name: Address: City-St-Zip:
Title: S () Delete Name: RISTAU, RONALD W Address: 450 WEST 33RD STREET City-St-Zip: NEW YORK, NY 10001	Title: () Change () Addition Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SVP

TOAL, SHEAMÚS

450 WEST 33RD STREET

NEW YORK, NY 10001

(X) Change () Addition

SIGNATURE: SHEAMUS TOAL SVP 08/27/2007

() Delete

TOAL, SHEAMUS

450 WEST 33RD STREET

NEW YORK, NY 10001