
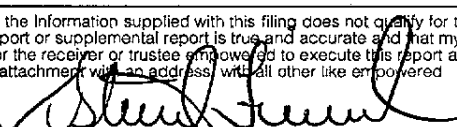


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J40775</b> 1. Entity Name JESSICA TRIMMINGS, INC.					
Principal Place of Business % STUART FRIEDMAN 7395 W 18 LN HIALEAH, FL 33014		Mailing Address % STUART FRIEDMAN 7395 W 18 LN HIALEAH, FL 33014			
<b>DO NOT WRITE IN THIS SPACE</b>					
				01042005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-2730382		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  FRIEDMAN, STUART 7395 W 18 LN HIALEAH, FL 33014				<b>DO NOT WRITE IN THIS SPACE</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				<b>DO NOT WRITE IN THIS SPACE</b>  U00000197590 01/27/05-80018-002 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		DP FRIEDMAN, STUART 7395 W. 18 LN HIALEAH, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		D CUADRADO, TRISTAN 7030 SW 98TH AVE. MIAMI, FL			
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					
TITLE NAME STREET ADDRESS 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: 		1-13-05		305-885-1040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	