07/20/04 TUE 14:53 FAX

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2004 8:00 am
Secretary of State
08-03-2004 90104 004 ***550.00

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07202004 Chg-P CR2E034 (10/03)

DOCUMENT # J81296

1. Entity Name
JASMINE ENTERPRISES, INC.

Principal Place of Business	Mailing Address
2688 NORTH MILITARY TRAIL W. PALM BEACH, FL 33409 US	2688 NORTH MILITARY TRAIL [redacted] W. PALM BEACH, FL 33409 US

2. Principal Place of Business	3. Mailing Address
2688 N. MILITARY TR	2688 N. MILITARY TR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W.P.B. Fl.	City & State: W.P.B. FL.
Zip: 33409 Country: P.B.	Zip: 33409 Country: P.B.

4. FEI Number: 59-2823309 (59-2823309) — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BEILLY, ORRIN R
2688 NORTH MILITARY TRAIL
WEST PALM BEACH, FL 33409

7. Name and Address of New Registered Agent

Name: LORETTA M. RUESCH
Street Address (P.O. Box Number is Not Acceptable): 2688 N. MILITARY TR
City: W.P.B. FL Zip Code: 33409

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: Loretta M Ruesch, Pres. 7/22/04
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 8, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ — $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	RUESCH, LORETTA M	
STREET ADDRESS	5440 N OCEAN DR #208	
CITY-ST-ZIP	SINGER ISLAND, FL 33404	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
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TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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: Loretta M Ruesch, Pres. 7-22-04 561-684-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
LORETTA M. RUESCH, PRES.