


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L03460	
1. Entity Name JASMIN ELECTRONICS LAB, INC.	

Principal Place of Business 102 COURT ST. KISSIMMEE FL 34741	Mailing Address 102 COURT ST. KISSIMMEE FL 34741
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/06)

4. FEI Number 59-2957277		Applied For														
		Not Applicable														
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required														
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2" rowspan="4"> JASMIN, ROBERT L 102 COURT STREET KISSIMMEE FL 34741 </td> <td colspan="2">Name</td> </tr> <tr> <td colspan="2">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td colspan="2">City</td> </tr> <tr> <td>FL</td> <td>Zip Code</td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		JASMIN, ROBERT L 102 COURT STREET KISSIMMEE FL 34741		Name		Street Address (P.O. Box Number is Not Acceptable)		City		FL	Zip Code
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent														
JASMIN, ROBERT L 102 COURT STREET KISSIMMEE FL 34741		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	VD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASMIN, MARY R.	NAME	
STREET ADDRESS	102 COURT STREET	STREET ADDRESS	
CITY- ST- ZIP	KISSIMMEE FL	CITY- ST- ZIP	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JASMIN, ROBERT L.	NAME	
STREET ADDRESS	102 COURT STREET	STREET ADDRESS	
CITY- ST- ZIP	KISSIMMEE FL	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	
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 exemptions contained in Section 119, 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:  **2-25-07** **407-847-4316**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #