2004 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with

SIGNATURE:

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with all other like empowered.

OR PRINTED NAME OF SIGNING

Secretary of State **DOCUMENT # P01000089750** 05-03-2004 90412 049 ***150.00 1. Entity Name JASPERGREEN CORP. Mailing Address Principal Place of Business 251 CRANDON BLVD., #1130 251 CRANDON BLVD., #1130 94080091 KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 2. Principal Place of Business 3. Mailing Address 104 CRANDON BLUO. 104 CRANDON Blud 04282004 CR2E034 (10/03) Cha-P 4. FEI Number Applied For CAMME 65-1137365 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 42U 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARAZOZA & FERNANDEZ-FRAGA P.A. Street Address (P.O. Box Number is Not Acceptable) 250 CATALONIA AVE STE 705 CORAL GABLES, FL 33134 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. TITLE ☐ Delete TITLE Change ☐ Addition FRANCHY, LUISA NAME NAME 251 CRANDON BLVD., #1130 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP KEY BISCAYNE, FL 33149 Delete Change ☐ Addition TITLE FRANCHY, PEDRO NAME NAME STREET ADDRESS 251 CRANDON BLVD., #1130 STREET ADDRESS CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIF TITLE Delete TITLE ☐ Change ☐ Addition NAME FRANCHY, ANDRES NAME STREET ADDRESS STREET ADDRESS 251 CRANDON BLVD., #1130 CITY-ST-ZIP KEY BISCAYNE, FL 33149 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

May 03, 2004 8:00 am