2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jan 21, 2005 8:00 am **Secretary of State** DOCUMENT # P02000008933 1. Entity Name 01-21-2005 90084 045 ***150.00 JESMAR CORPORATION Principal Place of Business Mailing Address 7156 NW 51 STREET 7156 NW 51 STREET MIAMI, FL 33166 MIAMI, FL 33166 3. Mailing Address 2. Principal Place of Business Suite; Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-P CR2E034 (10/03) Applied For City & State City & State 4. FEI Number 65-0620074 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CASARIEGO, ALEXIS L Street Address (P.O. Box Number is Not Acceptable) 7156 NW 51 STREET MIAMI, FL 33166 City 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) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Toest Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE □ Belete TITLE CASARIEGO, ALEXIS L NAME NAME 500 Hunting Lodge DR. 82 PINECREST DRIVE STREET ADDRESS STREET ADDRESS Wanusprings, CITY-ST-ZIP MIAMI SPRINGS, FL 33166 CITY-ST-ZIP TD ☐ Delete TITLE Change Addition THE NAME PEREZ, JESSICA NAME STREET ADDRESS 330 HAVEN AVENUE APT. 2-J STREET ADDRESS NEW YORK, NY 10033 CITY-ST-ZP CHY-ST-ZIP Change ■ Addition SD ☐ Delete TITLE BARRUECO-CASARIEGO, MARIA C NAME NAME STREET ADDRESS 82 PINECREST DRIVE STREET ADDRESS CITY-ST-7P CITY-ST-ZP MIAMI SPRINGS, FL 33166 VPD TITLE Change Addition Delete THE PEREZ, TOMAS NAME NAME STREET ADDRESS STREET ADDRESS **1517 EAST 17 AVENUE** CITY-ST-ZIP CITY-ST-ZIP TAMPA, FL 33805 TITLE Delete TITLE Change | ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITI F Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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 emportered 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 th all other like empowers

SIGNATURE

SIGNATURE AND TYPED OR PRINTED HAME

WING OFFICER OR DIRECTOR - - -

FILED