


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

04-12-2004 90307 005 \*\*\*150.00

<b>DOCUMENT # P02000129047</b> 1. Entity Name <b>JESSELYN INC.</b>					
Principal Place of Business <b>515 NORTH FLAGLER DRIVE SUITE R-507 WEST PALM BEACH, FL 33401</b>			Mailing Address <b>515 NORTH FLAGLER DRIVE SUITE R-507 WEST PALM BEACH, FL 33401</b>		
2. Principal Place of Business <b>507 No. OLIVE AVENUE</b> Suite, Apt. #, etc.		3. Mailing Address <b>507 No. OLIVE AVENUE</b> Suite, Apt. #, etc.			
City & State <b>WEST PALM BEACH, FL</b> Zip <b>33401</b>		City & State <b>WEST PALM BEACH, FL</b> Zip <b>33401</b>		4. FEI Number <b>57-1143600</b>	
Country <b>USA</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GLENN, RICHARD W 4 HARVARD CIRCLE SUITE 600 WEST PALM BEACH, FL 33409</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>VASQUEZ, ALBA</b> <b>515 NORTH FLAGLER DRIVE, SUITE R-507</b> <b>WEST PALM BEACH, FL 33401</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>VASQUEZ, ALBA</b> <b>507 No. OLIVE AVENUE</b> <b>WEST PALM BEACH, FL 33401</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Alba Vasquez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date: <u>4-10/04</u> (561) Daytime Phone: <u>835-4555</u>		

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