

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000130560

Entity Name: JACKELINE FASHIONS, INC.

FILED
Apr 30, 2005
Secretary of State

Current Principal Place of Business:

4301 W VINE ST
LINE C BOOTH 2 & 4
KISSIMMEE, FL 34746 US

New Principal Place of Business:

1262 JOHN YOUNG PW.
KISSIMMEE, FL 34741 US

Current Mailing Address:

2945 VICTORIA DRIVE
KISSIMMEE, FL 34746 US

New Mailing Address:

FEI Number: 65-1167090 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEDINA, JACKELINE
2945 VICTORIA DRIVE
KISSIMMEE, FL 34746 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MEDINA, JACKELINE
Address: 2945 VICTORIA DRIVE
City-St-Zip: KISSIMMEE, FL 34746

Title: T () Delete
Name: MEDINA, ABILIO
Address: 2945 VICTORIA DRIVE
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MEDINA JACKELINE

P

04/30/2005

Electronic Signature of Signing Officer or Director

_____ Date