2008 FOR PROFIT CORPORATION

Apr 04, 2008 08:00 All Secretary of State **ANNUAL REPORT DOCUMENT # P03000059749** 1. Entity Name JOLÉRA, INC. Principal Place of Business Mailing Address 721 S CONGRESS AVE 721 S CONGRESS AVE W PALM BEACH, FL 33406 W PALM BEACH, FL 33406 CR2E034 (11/05) 01192008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 42-1593684 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HERNANDEZ, JOSE A DO NOT WRITE 721 S CONGRESS AVE W PALM BEACH, FL 33406 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE HERNANDEZ, JOSE A NAME STREET ADDRESS 721 S CONGRESS AVE CITY-ST-ZIP W PALM BEACH, FL 33406 DT TITLE HERNANDEZ, RUTH NAME STREET ADDRESS 721 S. CONGRESS AVE CITY-ST-ZIP WEST PALM BEACH, FL 33406 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAMÈ STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> NATURE AND TYPED OR PRINTED NA NG OFFICER OR DIRECTOR

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