

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000026611

Entity Name: JENNIFFER FASHION , INC

FILED
Jul 07, 2005
Secretary of State

Current Principal Place of Business:

501 WEST PALM DR
10
FLORIDA CITY, FL 33034

New Principal Place of Business:

Current Mailing Address:

664 NW 2ND ST
FLORIDA CITY, FL 33034

New Mailing Address:

FEI Number: 20-0714901

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA TORRE, GONZALO
664 NW 2ND ST
HOMESTEAD, FL 33034 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DE LA TORRE, GONZALO
Address: 664 NW 2ND ST
City-St-Zip: FLORIDA CITY, FL 33034

Title: S () Delete
Name: DE LA TORRE, CLARA
Address: 664 NW 2ND ST
City-St-Zip: HOMESTEAD, FL 33030

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: GONZALO DE LA TORRE

PRES

07/07/2005

Electronic Signature of Signing Officer or Director

Date