2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# P04000094932

Entity Name: TIFFANY LIMOUSINES BY JASLENE, INC.

Current Principal Place of Business:

11257 S. ORANGE BLOSSOM TRAIL
SUITE 204
ORLANDO, FL 32837 US

New Principal Place of Business:

Current Mailing Address:

11257 S. ORANGE BLOSSOM TRAIL
SUITE 204
ORLANDO, FL 32837 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANTIAGO, EVA CRUZ
11257 S. ORANGE BLOSSOM TRAIL
STE. 204
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

ESTRADA, MARTHA
11257 S. ORANGE BLOSSOM TRAIL
STE. 204
ORLANDO, FL 32837 US

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: MARTHA ESTRADA 04/30/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SANTIAGO, EVA CRUZ
Address: 11257 S. ORANGE BLOSSOM TRAIL #204
City-St-Zip: ORLANDO, FL 32837 US

Title: VP ( ) Delete
Name: SANTIAGO, EVA CRUZ
Address: 11257 S. ORANGE BLOSSOM TRAIL #204
City-St-Zip: ORLANDO, FL 32837 US

Title: SEC ( ) Delete
Name: SANTIAGO, EVA CRUZ
Address: 11257 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

Title: TRES ( ) Delete
Name: SANTIAGO, EVA CRUZ
Address: 11257 S. ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: EVA CRUZ SANTIAGO PRES 04/30/2005
Electronic Signature of Signing Officer or Director Date