

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90005 050 ***150.00

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|---|--|---------------------------------|---|--------------------------------------|--|
| DOCUMENT # P05000033608 | | | | | |
| 1. Entity Name JASMINE GARDEN INCORPORATED | | | | | |
| Principal Place of Business 18000 BISCAYNE BLVD #205 AVENTURA, FL 33180 US | | | Mailing Address 18999 BISCAYNE BLVD #205 AVENTURA, FL 33180 US | | |
| 2. Principal Place of Business - No P.O. Box # 8951 BONITA BEACH RD SE # 550 | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State BONITA SPRINGS, FL | | | City & State | | |
| Zip 34135 | | Country USA | | 4. FEI Number 20-2517482 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent YANG, JIAN FANG 290 E. 7 STREET HIALEAH, FL 33010 | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 18999 BISCAYNE BLVD, # 205 City AVENTURA FL Zip Code 33180 | | |
| 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 02-18-07 | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P YANG, JIAN FANG 290 E. 7 STREET HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D YANG, JIAN FANG 290 E. 7 STREET HIALEAH, FL 33010 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
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| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | <input type="checkbox"/> Delete | | | |
| 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: | | | DATE: 02-18-07 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |