


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2008 8:00 am
Secretary of State

09-05-2008 90003 034 ***150.00

DOCUMENT # P05000114670			
1. Entity Name JESTER CORPORATION			
Principal Place of Business 813 E 20 ST HAIALEAH, FL 33013		Mailing Address 7134 CARLYLE AVE. MIAMI BEACH, FL 33141	
2. Principal Place of Business - No P.O. Box # <i>NONE</i>		3. Mailing Address <i>5578 N.W. 201 St.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Miami Garden, Fla.</i>	
Zip	Country	Zip <i>33055</i>	Country <i>U.S.A</i>
6. Name and Address of Current Registered Agent MASI, MARIE L 813 E 20 ST HAIALEAH, FL 33013		7. Name and Address of New Registered Agent Name <i>Masi Marie L</i> Street Address (P.O. Box Number is Not Acceptable) <i>5578 N.W. 201 St.</i> City <i>Miami Garden</i> FL Zip Code <i>33055</i>	
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 <i>Mari Marie L</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE <i>9/29/08</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASI, MARIE L	NAME	
STREET ADDRESS	7134 CARLYLE AVE.	STREET ADDRESS	<i>5578 N.W. 201 St.</i>
CITY-ST-ZIP	MIAMI BEACH, FL 33141	CITY-ST-ZIP	<i>Miami Garden FL 33055</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Mari Marie L</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <i>8/29/08 (156) 9391292</i> <small>Daytime Phone #</small>	

40115362



08292008 Chg-P CR2E034 (12/06)

4. FEI Number 04-3824598 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	MASI, MARIE L
STREET ADDRESS	7134 CARLYLE AVE.
CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<i>5578 N.W. 201 St.</i>
CITY-ST-ZIP	<i>Miami Garden FL 33055</i>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: *Mari Marie L*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *8/29/08 (156) 9391292*
Daytime Phone #