

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000044684

1. Entity Name
JESCO PROPERTIES (FLORIDA), INC.



FILED
 07 APR 30 AM 10: 03
 STATE OF FLORIDA
 TALLAHASSEE, FLORIDA

Principal Place of Business 25 IMPERIAL STREET #500 TORONTO ONTARIO CANADA M5P 1B9, XX	Mailing Address 25 IMPERIAL STREET #500 TORONTO ONTARIO CANADA M5P 1B9, XX
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04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-0171820	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE MARSTEL CORPORATION
 2615 S. UNIVERSITY DR
 DAVIE, FL 33328**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD COHEN, RICHARD 25 IMPERIAL STREET #500 TORONTO, ONTARIO, m5p 1b9
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<i>[Handwritten Signature]</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 05/22/07--01021--004 **1650.00

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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: *[Handwritten Signature]* April 16/07 (416) 483-8018
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #