2005 FOR PROFIT CORPORATION ANNUAL REPORT. (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Mar 15, 2005 8:00 am DOCUMENT # P97000103045 **Secretary of State** 1. Entity Name 03-15-2005 90025 032 ***150.00 JAENSCH INC. Principal Place of Business Mailing Address EMMA E. JAENSCH 25210 SW 147TH AVENUE HOMESTEAD FL 33032 EMMA E. JAENSCH 25210 SW 147TH AVENUE HOMESTEAD FL 33032 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 59-3495031 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERNHARD R. MARTENS-JAENSCH, EMMA Street Address (P.O. Box Number is Not Acceptable) 25210 SW 147TH AVENUE **HOMESTEAD FL 33032** 4850 S.W. DSZ STREET OMESTEAD 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 régistered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE TITLE Change Addition Delete NAME JAENSCH, EMMA NAME 25210 SW 147TH AVENUE STREET ADDRESS STREET ADDRESS HOMESTEAD FL 33032 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE PRESIDENT Change BERNHARD R. MARTENS NAME NAME STREET ADDRESS STREET ADDRESS 4850 5.W. 757-5TREET CITY-ST-ZIP CITY-ST-7IP Addition TITLE ☐ Delete TITLE ☐ Change GERDA M. HALL 25210 5, W. 147 AVENUE NAME STREET ADDRESS STREET ADDRESS Homesters, FL 33072 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7iP 12. I hereby certify that the information supplied with this filing does not qualify 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 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

JUSEPH-LEE FISHER

FILED

3-4-05

305-668-4575

Davime Phone #