2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000002875

1. Entity Name
JESLIN OF MIAMI CORP.

Principal Place of Business	Mailing Address
8310 NW 179TH ST	8310 NW 179TH ST
MIAMI, FL 33015	MIAMI, FL 33015

01072005   No Chg-P   CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0794775	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ABRAHAM, HUMBERTO
8310 NW 179TH ST
MIAMI, FL 33015

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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_____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

U0D0001177624
01/11/05-80057-004 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ABRAHAM, HUMBERTO
STREET ADDRESS	8310 NW 179TH ST
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	V
NAME	ABRAHAM, LINDA
STREET ADDRESS	8310 NW 179TH ST
CITY-ST-ZIP	MIAMI, FL 33015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: _Linda Abraham_ Linda Abraham   1/7/05   (305) 821-2038
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #