2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 26, 2005 08:00 AM Secretary of State

DOCUMENT # 1. Entity Name JESSIE & FRANCINA		
Principal Place of Business 3343 N. UNIVERSITY DRIVE	Mailing Address 1070 N.W. 184 TERRACE	
STE, 1F DAVIE, FL 33024	PEMBROKE PINES, FL 33029	

DO NOT WRITE IN THIS SPACE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



01212005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For

65-0875149 Not Applicable

5. Certificate of Status Desired Status Desired Fee Required

6. Name and Address of Current Registered Agent

TOLBERT, JESSIE 1070 NW 184 TERACE PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE

1-22-05

Daytime Phone #

			<u> </u>		
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, typod or printed name of registored agent and title If applicable (NOTE, Registered Agent signature required when reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	icing \$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	PSD TOLBERT, JESSIE J 1070 NW 184TH TERR PEMBROKE PINES, FL 33029			U00000137696 01/27/05-80021-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT TOLBERT, FRANCIANA L 1070 NW 184TH TERR PEMBROKE PINES, FL 33029				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					