APR-19-2007 02:37P FROM:KINDEL LENZI SVC 772-569-0162

FILED
May 07, 2007 8:00 am
Secretary of State
05-07-2007 90052 004 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V11971

1. Entity Name
JASMINE OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
3225 ~~3493~~ OCEAN DRIVE VERO BEACH, FL 32963 US	3225 ~~3493~~ OCEAN DRIVE VERO BEACH, FL 32963 US

DO NOT WRITE IN THIS SPACE

0419200? No Chg-P CR2E034 (11/05)

4. FEI Number
59-3106600
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VITO A RAYMOND
10 MARINER BEACH LN
VERO BEACH, FL 32963

DO NOT WRITE IN THIS SPACE

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: Vito A Raymond 4/20/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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	D
NAME	RAYMOND, VITO A.
STREET ADDRESS	7415 S A1A
CITY-ST-ZIP	MELBOURNE, FL
TITLE	D
NAME	RAYMOND, GINA
STREET ADDRESS	7415 S A1A
CITY-ST-ZIP	MELBOURNE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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: Vito A. Raymond 4-25-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

VITO A. RAYMOND