


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2006 08:00 AM
Secretary of State

DOCUMENT # G35401 1. Entity Name J.A.S. CAPITAL CORP.	
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Principal Place of Business 5250 NORTH KENDALL DRIVE ATTN: ROBERT SCHUR CORAL GABLES, FL 33156-2124	Mailing Address 5250 NORTH KENDALL DRIVE ATTN: ROBERT SCHUR CORAL GABLES, FL 33156-2124
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01032006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2287270	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

SCHUR, ROBERT E.
 5250 NORTH KENDALL DRIVE
 CORAL GABLES, FL 33156-2124

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	DP SCHUR, J ALLEN 5708 SOUTH BAYBERRY LANE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS SCHUR, ROBERT 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 331562124
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HELLINGER, GARY 1340 VIELLE AVENUE BRONX, NY 104747134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SCHUR, KEN 419 PARK AVE SOUTH NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/10/06-80005-016 150.00

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: Robert Schur ROBERT SCHUR V.P. 1/4/06 (305)661-2003

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #