


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90028 048 ***150.00

DOCUMENT # G35401

1. Entity Name
J.A.S. CAPITAL CORP.



Principal Place of Business Mailing Address

**5250 NORTH KENDALL DRIVE
ATTN: ROBERT SCHUR
CORAL GABLES, FL 33156-2124**

**5250 NORTH KENDALL DRIVE
ATTN: ROBERT SCHUR
CORAL GABLES, FL 33156-2124**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

8289 SW 173 TERR **8289 SW 173 TERR**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Palmetto Bay, FL **Palmetto Bay, FL**

Zip Country Zip Country

33157 **USA** **33157** **USA**

6. Name and Address of Current Registered Agent

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

40023100



02112008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-2287270 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8289 SW 173 TERRACE

City State Zip Code

Palmetto Bay, FL 33157

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SCHUR, J ALLEN 5708 SOUTH BAYBERRY LANE TAMARAC, FL <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP SCHUR, ROBERT 8289 SW 173 TERRACE Palmetto Bay, FL 33157 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VS SCHUR, ROBERT 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 331562124 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V HELLINGER, GARY 1340 VIELLE AVENUE BRONX, NY 104747134 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V SCHUR, KEN 419 PARK AVE SOUTH NEW YORK, NY 10016 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 Date: 2/12/08 (905) 911-6810

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