

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G35401

FILED  
Jan 25, 2009  
Secretary of State

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

## Current Principal Place of Business:

8289 SW 173 TERR  
PALMETTO BAY, FL 33157 US

## New Principal Place of Business:

13611 DEERING BAY DRIVE  
SUITE 1402  
CORAL GABLES, FL 33158 US

## Current Mailing Address:

8289 SW 173 TERR  
ATTN: ROBERT SCHUR  
PALMETTO BAY, FL 33157 US

## New Mailing Address:

13611 DEERING BAY DRIVE  
SUITE 1402  
CORAL GABLES, FL 33158 US

FEI Number: 59-2287270

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHUR, ROBERT E.  
8289 SW 173 TERRACE  
PALMETTO BAY, FL 33157 US

## Name and Address of New Registered Agent:

SCHUR, ROBERT E  
13611 DEERING BAY DRIVE  
SUITE 1402  
CORAL GABLES, FL 33158 US

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.

SIGNATURE: ROBERT SCHUR

01/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SCHUR, ROBERT  
Address: 8289 SW 173 TERRACE  
City-St-Zip: PALMETTO BAY, FL 33157

Title: V ( ) Delete  
Name: HELLINGER, GARY,  
Address: 1340 VIELLE AVENUE  
City-St-Zip: BRONX, NY 104747134

Title: S ( ) Delete  
Name: SCHUR, KEN  
Address: 419 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: SCHUR, ROBERT  
Address: 13611 DEERING BAY DRIVE  
City-St-Zip: CORAL GABLES, FL 33158

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VS (X) Change ( ) Addition  
Name: SCHUR, KEN  
Address: 419 PARK AVE SOUTH  
City-St-Zip: NEW YORK, NY 10016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT SCHUR

PRES

01/25/2009

Electronic Signature of Signing Officer or Director

Date