2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 8:00 am
Secretary of State
04-17-2008 90042 019 ***150.00

DOCUMENT # H92412

1. Entity Name
JORDAD CORPORATION

Principal Place of Business	Mailing Address
~~799 N.E. 125TH ST~~	~~799 N.E. 125TH ST~~
~~MIAMI, FL 33161~~	~~MIAMI, FL 33161~~

04052008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
525 N.W. 27th Avenue	525 N.W. 27th Avenue
Suite, Apt. #, etc.: Suite 105A	Suite, Apt. #, etc.: Suite 105A
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33125 Country:	Zip: 33125 Country:

4. FEI Number: 59-2612444 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~SAIEH, SORAYA~~
~~1110 PAPAYA ST~~
~~HOLLYWOOD, FL 33019~~

7. Name and Address of New Registered Agent

Name: Miguel M. Gonzalez, Esq.
Street Address (P.O. Box Number is Not Acceptable): 525 N.W. 25th Street, Suite 105A
City: Miami, Florida FL Zip Code: 33125

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] April 8, 2007
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	P SAIEH, SORAYA 1110 PAPAYA ST HOLLYWOOD, FL 33019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~VP~~ SAIEH, SALVADOR 1110 PAPAYA ST HOLLYWOOD, FL 33019 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Saieh Z 4/8/2008 305-649-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #