

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 22, 2004 8:00 am**  
**Secretary of State**

03-22-2004 90038 050 \*\*\*150.00

**DOCUMENT # P0000090248**

1. Entity Name

JASAL GROUP, INC.



Principal Place of Business

1000 PONCE DE LEON  
STE 120  
MIAMI FL 33134

Mailing Address

PO BOX 227818  
MIAMI FL 33122

J4UGUJ01



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1042917

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VIDAL, FERNANDO  
1330 CORAL WAY  
# 305  
MIAMI FL 33145

Name  
Vidal, Fernando

Street Address (P.O. Box Number is Not Acceptable)  
701 SW 27th Avenue Ste.#606

City  
Miami

FL Zip Code  
33135

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, 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, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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 P ☐ Delete  
NAME JAVIER, ARMANDO A  
STREET ADDRESS 7225 NW 25 ST, STE 201  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Delete  
NAME JAVIER, YVONNE  
STREET ADDRESS 7225 NW 25 ST, STE 201  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JAVIER, ARMANDO M  
STREET ADDRESS 7225 NW 25 ST, STE 201  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME JAVIER, JUAN CARLOS  
STREET ADDRESS 7225 NW 25 ST, STE 201  
CITY-ST-ZIP MIAMI FL 33122

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VIDAL, FERNANDO J  
STREET ADDRESS 1330 CORAL WAY # 305  
CITY-ST-ZIP MIAMI FL 33145

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 19, 04 (786) 234 3377

Date

Daytime Phone #