

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090248

Entity Name: JASAL GROUP, INC.

FILED
Apr 12, 2008
Secretary of State

Current Principal Place of Business:

1000 PONCE DE LEON
STE 120
MIAMI, FL 33134

New Principal Place of Business:

Current Mailing Address:

PO BOX 227818
MIAMI, FL 33152

New Mailing Address:

1000 PONCE DE LEON
STE 120
MIAMI, FL 33134

FEI Number: 65-1042917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDAL, FERNANDO
701 SW 27TH AVE STE #606
MIAMI, FL 33135 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JAVIER, ARMANDO A
Address: 1000 PONCE DE LEON, STE 120
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: JAVIER, YVONNE
Address: 1000 PONCE DE LEON, STE 120
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: JAVIER, ARMANDO M
Address: 1000 PONCE DE LEON, STE 120
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: JAVIER, JUAN CARLOS
Address: 1000 PONCE DE LEON, STE 120
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Delete
Name: VIDAL, FERNANDO J
Address: 701 SW 27TH AVE STE #606
City-St-Zip: MIAMI, FL 33135

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: ARMANDO A JAVIER

P

04/12/2008

Electronic Signature of Signing Officer or Director

Date