2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090248

Entity Name: JASAL GROUP, INC.

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
STE 120	CE DE LEON			STE 120	CE DE LEO		
MIAMI, FL 33134				CORAL GABLES, FL 33134			
Current Mailing Address:				New Mailing Address:			
1000 PON STE 120 MIAMI, FL	CE DE LEON 33134			STE 120	CE DE LEO ABLES, FL		
FEI Number:	: 65-1042917	FEI Number Applied For ()	FEI Nur	nber Not Appl	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
MIAMI, FL The above	7TH AVE STE # 33135 US		e purpose c	of changing i	ts registered	l office or registered agent, or bo	oth,
SIGNATUR	RE:						
Electronic Signature of Registered Agent					Date		
Election Car	mpaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	JAVIER, ARMAN	E LEON, STE 120		Title: Name: Address: City-St-Zip:	JAVIER, ARM 1000 PONCE	(X) Change ()Addition MANDO A E DE LEON BLVD, STE 120 LES, FL 33134	
Title:	V ()			Title:	V	(X) Change () Addition	

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

Address:

City-St-Zip:

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

1000 PONCE DE LEON, STE 120

CORAL GABLES, FL 33134

1000 PONCE DE LEON BLVD, STE 120 Address:

CORAL GABLES, FL 33134 City-St-Zip:

Title: (X) Change () Addition

Name: JAVIER, ARMANDO M

Address: 1000 PONCE DE LEON BLVD, STE 120

City-St-Zip: CORAL GABLES, FL 33134

Title: (X) Change () Addition

JAVIER, JUAN CARLOS Name:

Address: 1000 PONCE DE LEON BLVD, STE 120

City-St-Zip: CORAL GABLES, FL 33134

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.

Ρ SIGNATURE: ARMANDO JAVIER 01/16/2009