


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90865 041 \*\*\*150.00

**DOCUMENT # P04000124937**

1. Entity Name  
**JALCO, INC.**



Principal Place of Business  
**1517 E HILLCREST STREET  
 ORLANDO, FL 32803**

Mailing Address  
**1517 E HILLCREST STREET  
 ORLANDO, FL 32803**

60046134



2. Principal Place of Business - No P.O. Box #  
**10006 Cross Creek Blvd.**

3. Mailing Address  
**10006 Cross Creek Blvd.**

Suite, Apt. #, etc.  
**# 444**

04272007 Chg-P CR2E034 (12/06)

City & State  
**Tampa, FL**

City & State  
**Tampa, FL**

Zip Country  
**33647 Hillsborough**

Zip Country  
**33647 Hillsborough**

4. FEI Number  
**20-1650854**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**SMALLEY & COMPANY, P.A.  
 1517 E HILLCREST STREET  
 ORLANDO, FL 32803**

7. Name and Address of New Registered Agent

Name  
**LaFata and Company, CPA's**

Street Address (P.O. Box Number is Not Acceptable)  
**5300 W. Cypress St., Ste. 247**

City State Zip Code  
**Tampa FL 33607**

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 *Joseph S. LaFata, CPA* **JOSEPH S. LaFata, CPA** **4-25-07**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>IRANI, JAL<br>10006 CROSS CREEK BLVD # 4444<br>TAMPA, FL 33647<br><input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10555 Bermuda ISLE DR. VE<br>Tampa, FL 33647 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VP<br>IRANI, SHIRAZ<br>10006 CROSS CREEK BLVD, # 444<br>TAMPA, FL 33647<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br>10555 Bermuda ISLE DR. VE<br>Tampa, FL 33647 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Joseph S. LaFata* **4-27-07** **813 952-1964**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #