


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 07, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000021903</b> 1. Entity Name <b>JAI, INC.</b>	
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Principal Place of Business <b>CCS 5018 P. O. BOX 025323 MIAMI FL 33102-5323</b>	Mailing Address <b>CCS 5018 P. O. BOX 025323 MIAMI FL 33010-5323</b>
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2. Principal Place of Business - No P O Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
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1st MOORE CR2E034 (10/06)

City & State  Zip	City & State  Zip	4. FEI Number <b>65-0741311</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>STARKMAN, MARK R 2655 LEJEUNE ROAD PENTHOUSE I-D CORAL GABLES FL 33134</b>	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  City
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**\$8.75** Additional Fee Required

**FL** Zip Code

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 re-registering) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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	<b>D</b> <input type="checkbox"/> Delete <b>STARKMAN, MARK R</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>U00000658534</b>
NAME	<b>1500 SAN REMO AVE SUITE 125</b>	NAME	<b>03/15/07-80042-013 150.00</b>
STREET ADDRESS	<b>CORAL GABLES FL 33146</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> Delete <b>DLIWKOWICZ, LEON</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>8777 COLLINS AVE, APT 704</b>	NAME	
STREET ADDRESS	<b>SURFSIDE FL 33154</b>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Leon Dliwkowicz* **LEON DLIWKOWICZ** 2/26/2007 305-8610958  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #