

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000021903

**FILED**  
**Jan 15, 2016**  
**Secretary of State**  
**CC5533131927**

**Entity Name:** JAI, INC.

**Current Principal Place of Business:**

8777 COLLINS AVE.  
APT. 704  
SURFSIDE, FL 33154

**Current Mailing Address:**

8777 COLLINS AVE.  
APT. 704  
SURFSIDE, FL 33154

**FEI Number:** 65-0741311

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

STARKMAN, MARK R  
2655 LEJEUNE ROAD  
PENTHOUSE I-D  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title            D  
Name            STARKMAN, MARK R  
Address        1500 SAN REMO AVE SUITE 125  
City-State-Zip: CORAL GABLES FL 33146

Title            P  
Name            OLIWKOWICZ, LEON  
Address        8777 COLLINS AVE, APT 704  
City-State-Zip: SURFSIDE FL 33154

*I hereby 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 all other like empowered.*

**SIGNATURE:** LEON OLIWKOWICZ

P

01/15/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date