


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # 381109 1. Entity Name J.S.A. CORPORATION																													
Principal Place of Business 1005 S.W. 87TH AVENUE MIAMI FL 33174			Mailing Address 1005 S.W. 87TH AVENUE MIAMI FL 33174																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 59-1388731																									
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																											
6. Name and Address of Current Registered Agent RUIZ, JUAN 2795 S.W. 112 AVENUE MIAMI FL 33167				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City																									
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 _____ (NOTE: Registered Agent signature required when reinstating)																													
<div style="display: flex; justify-content: space-between;"> <div> FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State </div> <div> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May 2 Added to Fees </div> </div>																													
<div style="display: flex;"> <div style="flex: 1;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>RUIZ, JUAN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2795 S.W. 112 AVENUE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI FL 33167</td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">U00000546357</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Add</td> </tr> <tr> <td>NAME</td> <td>05/11/06-80113-018 150.00</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	PST	<input type="checkbox"/> Delete	NAME	RUIZ, JUAN		STREET ADDRESS	2795 S.W. 112 AVENUE		CITY - ST - ZIP	MIAMI FL 33167		TITLE	U00000546357	<input type="checkbox"/> Change <input type="checkbox"/> Add	NAME	05/11/06-80113-018 150.00		STREET ADDRESS			CITY - ST - ZIP		
TITLE	PST	<input type="checkbox"/> Delete																											
NAME	RUIZ, JUAN																												
STREET ADDRESS	2795 S.W. 112 AVENUE																												
CITY - ST - ZIP	MIAMI FL 33167																												
TITLE	U00000546357	<input type="checkbox"/> Change <input type="checkbox"/> Add																											
NAME	05/11/06-80113-018 150.00																												
STREET ADDRESS																													
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: <i>Juan Ruiz</i> JUAN RUIZ - PRESIDENT 4-24-06 305-266-0575																													