

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # 592053 1. Entity Name J A C OIL, INC.	
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Principal Place of Business 10998 SW 104TH STREET MIAMI, FL 33176 US	Mailing Address P.O. BOX 8546 MIAMI, FL 33255 US
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DO NOT WRITE IN THIS SPACE

	
01082008 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-1860953	Applied For Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SARRIA, JORGE A. 8405 MILLER DR. MIAMI, FL 33155

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IN THIS SPACE**

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) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SARRIA, JORGE 8405 MILLER DRIVE MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SARRIA, JORGE 8405 MILLER DRIVE MIAMI, FL 33155
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01/24/08-80001-005 158.75

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: X Jorge A. Samia 1/11/08 305-274-1446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #