

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G35401**  
 1. Entity Name  
**J.A.S. CAPITAL CORP.**



Principal Place of Business      Mailing Address  
**5250 NORTH KENDALL DRIVE**      **5250 NORTH KENDALL DRIVE**  
**ATTN: ROBERT SCHUR**              **ATTN: ROBERT SCHUR**  
**CORAL GABLES FL 33156-2124**      **CORAL GABLES FL 33156-2124**



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**59-2287270**       Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHUR, ROBERT E.**  
**5250 NORTH KENDALL DRIVE**  
**CORAL GABLES FL 33156-2124**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be Added to Fees  
 Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHUR, J ALLEN	
STREET ADDRESS	5708 SOUTH BAYBERRY LANE	
CITY- ST- ZIP	TAMARAC FL	
TITLE	VS	<input type="checkbox"/> Delete
NAME	SCHUR, ROBERT	
STREET ADDRESS	5250 NORTH KENDALL DRIVE	
CITY- ST- ZIP	CORAL GABLES FL 33156-2124	
TITLE	V	<input type="checkbox"/> Delete
NAME	HELLINGER, GARY	
STREET ADDRESS	1340 VIELLE AVENUE	
CITY- ST- ZIP	BRONX NY 10474-7134	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCHUR, KEN	
STREET ADDRESS	419 PARK AVE SOUTH	
CITY- ST- ZIP	NEW YORK NY 10016	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1100000196314
CITY- ST- ZIP	01/26/05-80064-011 150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Robert Schur, Vice President*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/05 (305) 661-2003  
 Date      Debit Phone #