


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G35401</b>	
1. Entity Name J.A.S. CAPITAL CORP.	

Principal Place of Business 5250 NORTH KENDALL DRIVE ATTN: ROBERT SCHUR CORAL GABLES, FL 33156-2124	Mailing Address 5250 NORTH KENDALL DRIVE ATTN: ROBERT SCHUR CORAL GABLES, FL 33156-2124
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**DO NOT WRITE IN THIS SPACE**



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2287270	Applied For Not Applicable
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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

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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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHUR, J ALLEN 5708 SOUTH BAYBERRY LANE TAMARAC, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SCHUR, ROBERT 5250 NORTH KENDALL DRIVE CORAL GABLES, FL 331562124
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELLINGER, GARY 1340 VIELLE AVENUE BRONX, NY 104747134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUR, KEN 419 PARK AVE SOUTH NEW YORK, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000578023  
 01/08/07-80012-023 150.00

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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:** *Robert Schur Vice Pres. ROBERT SCHUR* **1/5/07 (305) 661-2003**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #