

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 90031 006 ***150.00

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01152005 Chg-P CR2E034 (10/03)

DOCUMENT # H61908	
1. Entity Name JAS MANAGEMENT CORPORATION	



Principal Place of Business 11166 LONGBOAT DRIVE COOPER CITY, FL 33026 US	Mailing Address 11166 LONGBOAT DRIVE COOPER CITY, FL 33026 US
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2. Principal Place of Business <i>2562 W Saratoga Drive</i>	3. Mailing Address <i>2562 W Saratoga Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Cooper City N.Y. 33026</i>	City & State <i>Cooper City N.Y. 33026</i>
Zip <i>33026</i>	Zip <i>33026</i>
Country <i>Bahamas</i>	Country <i>Stewart</i>

4. FEI Number 59-2545848	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIMLER, LEWIS S. P.A. 6950 CYPRESS ROAD SUITE 209 PLANTATION, FL 33317
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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	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	DP DE VITO, JO-ANN 11166 LONGBOAT DRIVE COOPER CITY, FL 33026 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DE VITO, JO-ANN 2562 W SARATOGA DRIVE Cooper City FL 33026 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jo. A. DeVito* **1/15/05** **954 475-1575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #