

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K31555

Entity Name: JAZSTECH CORP.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

5195 NW 77TH AVENUE  
C/O IDD  
DORAL, FL 33166 US

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 566689  
MIAMI, FL 33256 US

## New Mailing Address:

FEI Number: 65-0076769

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SCHENKMAN, JOEL H PRES.  
10800 LAKESIDE DR.  
CORAL GABLES, FL 33156 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: SCHENKMAN, JOEL H PRES  
Address: PO BOX 566689  
City-St-Zip: MIAMI, FL 33256

Title: DR ( ) Delete  
Name: ZAGORSKI, JOSEPH B SEC  
Address: PO BOX 566689  
City-St-Zip: MIAMI, FL 33256

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH B. ZAGORSKI

SEC

03/23/2009

Electronic Signature of Signing Officer or Director

Date