

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082060

FILED  
Mar 06, 2007  
Secretary of State

Entity Name: JASAL GROUP, L.L.C.

**Current Principal Place of Business:**

1000 PONCE DE LEON BLVD., SUITE 120  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 227818  
MIAMI, FL 331227818

**New Mailing Address:**

FEI Number: 20-1883368

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JAVIER, ARMANDO A  
1000 PONCE DE LEON BLVD., SUITE 120  
CORAL GABLES, FL 33134 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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JAVIER, ARMANDO A  
Address: 1000 PONCE DE LEON BLVD., SUITE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGRM ( ) Delete  
Name: JAVIER, YVONNE S  
Address: 1000 PONCE DE LEON BLVD., SUITE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: JAVIER, JUAN C  
Address: 1000 PONCE DE LEON BLVD., SUITE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: ARMANDO, JAVIER M  
Address: 1000 PONCE DE LEON BLVD., SUITE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: MGR ( ) Delete  
Name: GODOY, MARIA C  
Address: 1000 PONCE DE LEON BLVD., SUITE 120  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

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

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

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

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 for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ARMANDO JAVIER

MGRM

03/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date