2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2008
Secretary of State

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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:

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

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

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	JASAL GROUP, INC.,	
Address:	1000 PONCE DE LEON BLVD., SUITE 120	
City-St-Zip:	CORAL GABLES, FL 33134	
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 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 A JAVIER MGRM 04/12/2008

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