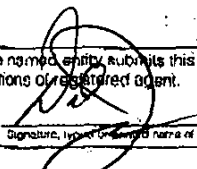
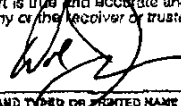


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90436 009 ****50.00

DOCUMENT # L06000073449			
1. Entity Name JASKO SALES, LLC			
Principal Place of Business 3089 N.W. 27TH TERRACE BOCA RATON, FL 33434		Mailing Address 3089 N.W. 27TH TERRACE BOCA RATON, FL 33434	
2. Principal Place of Business - No P.O. Box # 4341 OKEECHOBEE BLVD		3. Mailing Address	
Suite, Apt. #, etc. Unit G-1		Suite, Apt. #, etc.	
City & State WEST PALM BEACH, FL		City & State	
Zip 33409	Country USA	Zip	Country
4. FEI Number 20-5273189		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent COHEN, ROBERT F CPA 2918 BUSCH LAKE BLVD. TAMPA, FL 33614		7. Name and Address of New Registered Agent Name: DALE JASKO Street Address (P.O. Box Number is Not Acceptable): 3089 N.W. 27TH TERRACE City: BOCA RATON FL Zip Code: 33434	
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:  DALE JASKO DATE: 3/28/07			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to: Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MG-R DALE JASKO 3089 N.W. 27TH TERRACE BOCA RATON, FL 33434	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. 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 is true and accurate and that my 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 606, Florida Statutes. SIGNATURE:  DALE JASKO DATE: 3/28/07 561 657-8865			