

**2008 FOR PROFIT CORPORATION  
USBCUQNI ANNUAL REPORT**

**FILED**  
**Jan 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # M57458**

1. Entity Name

J. S. ASSOCIATES INTERNATIONAL, INC.



Principal Place of Business

6711 MALTA DR.  
BOYNTON BEACH, FL 33437

Mailing Address

6711 MALTA DR.  
BOYNTON BEACH, FL 33437



01042008

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

65-0010523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHORR, JERRY  
6711 MALTA DRIVE  
BOYNTON BEACH, FL 33437

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	SCHORR, JERRY
STREET ADDRESS	6711 MALTA DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	VD
NAME	SCHORR, JUDITH R.
STREET ADDRESS	6711 MALTA DR.
CITY-ST-ZIP	BOYNTON BEACH, FL 33437
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000777147  
01/09/08-80052-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 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:**

*Jerry Schorr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/08 561-733-4100