

**NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 12, 2006 8:00 am
Secretary of State

05-12-2006 90029 010 ****61.25

DOCUMENT # *NO 1000008247*

1. Entity Name

JASA CONDOMINIUM CORP.



DO NOT WRITE IN THIS SPACE

40091713

2. Principal Place of Business

592 SW 10 ST.

3. Mailing Address

P.O. Box 453823

Suite, Apt. #, etc.

APT. #1

Suite, Apt. #, etc.

CR2E037B (8/05)

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

03-0377200

Applied For

Not Applicable

Zip

33130

Country

USA

Zip

33245

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *Ileana Gonzalez*

Street Address (P.O. Box Number is Not Acceptable) *594 SW 10 ST. APT. #2*

City *Miami,*

33130

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$61.25
Initial or Amended AR**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GONZALEZ, ILEANA 594 SW 10 ST. APT. #2 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BLANCA DIAZ 592 SW 10 ST. APT. #1 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT RIVERA, EVELYN 590 SW 10 ST. APT. #4 Miami, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* ILEANA GONZALEZ

5/7/06

385 (786) 712-8689