

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90100 024 ****61.25

DOCUMENT # N01000008247

1. Entity Name

JASA CONDOMINIUM, CORP.



Principal Place of Business

Mailing Address

592 SW 10TH STREET
APT #1
MIAMI FL 33130

PO BOX 453823
MIAMI FL 33245

400000



2. Principal Place of Business - No P.O. Box #

592 SW 10TH ST

3. Mailing Address

P.O. Box 453823

Suite, Apt. #, etc.

APT. #1

Suite, Apt. #, etc.

-

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33130

Country

USA

Zip

33245

Country

USA

4. FEI Number

03-0377200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/06)

6. Name and Address of Current Registered Agent

GONZALEZ, ILEANA
594 SW 10 ST APT #2
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name

~~ILEANA GONZALEZ~~

Street Address (P.O. Box Number is Not Acceptable)

~~594 SW 10TH ST. APT #2~~

~~MIAMI, FL~~

City

FL

Zip Code

~~33130~~

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 constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2007

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 DP ☐ Delete
NAME GONZALEZ, ILEANA
STREET ADDRESS 594 S.W. 10 ST., APT. #2
CITY- ST- ZIP MIAMI FL 33130

TITLE DS ☐ Delete
NAME DIAZ, BLANCA
STREET ADDRESS 592 S.W. 10 ST., APT. #1
CITY- ST- ZIP MIAMI FL 33130

TITLE DT ☒ Delete
NAME RIVERA, EVELYN
STREET ADDRESS 590 S.W. 10 ST., APT. #4
CITY- ST- ZIP MIAMI FL 33130

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE DTE ASST. SEC. ☒ Change ☐ Addition
NAME ANTONIO VILLASUSO
STREET ADDRESS 590 SW 10TH ST., APT. #4
CITY- ST- ZIP MIAMI, FL 33130

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

ILEANA Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/17/07 (786) 281-4494