2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007689

HIMELSTEIN, MICHELE

4101 PINE TREE DRIVE, #1831

MIAMI BEACH, FL 33140 US

Name:

Address:

City-St-Zip:

FILED Mar 31, 2005 Secretary of State

Entity Nar	ne: JACS OF	F FLORIDA	A, INC.						
Current Principal Place of Business:					New Principal Place of Business:				
2880 WEST OAKLAND PARK BOULEVARD SUITE 116									
FORT LAUDERDALE, FL 33311 US									
Current Mailing Address:					New Mailing Address:				
SUITE 116	T OAKLAND IDERDALE, F		JLEVARD US						
FEI Number:	·		ber Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifica	te of Status De	esired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
2880 WES SUITE 116	ABBI NAHUM T OAKLAND IDERDALE, F	PARK BOL							
The above in the State		submits th	is statement for the p	urpose o	f changing it	ts registered	l office or re	egistered ag	ent, or both,
SIGNATUR	RE:								
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	SIMON, RABB	AKLAND PAF	RK BOULEVARD, STE 11	6	Title: Name: Address: City-St-Zip:		()Change() Addition	
Title: Name: Address: City-St-Zip:	DIR (JAROSLAWIC 9116 BYRON / SURFSIDE, FL	AVENUE	Α		Title: Name: Address: City-St-Zip:	PRES JAROSLAWI 9116 BYRON SURFSIDE, I	N AVENUE	NA	
Title: Name: Address: City-St-Zip:	FOX, IRIS A		'AY, BLDG 125, APT 305 069 US		Title: Name: Address: City-St-Zip:		()Change() Addition	
Title:	DIR () Delete			Title:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: NAHUM SIMON CHAR 03/31/2005