

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000007353

Entity Name: J.A.A.B., INC.

FILED
Jan 09, 2007
Secretary of State

Current Principal Place of Business:

800 SE THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316

Current Mailing Address:

800 SE THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316

New Principal Place of Business:

800 SE THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316

New Mailing Address:

800 SE THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBRA, STEINSALTZ
2860 STATE ROAD 84
SUITE 103
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

CRAIG, ESQUINASI
800 SE THIRD AVENUE
SUITE 300
FORT LAUDERDALE, FL 33316 US

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.

SIGNATURE: CRAIG ESQUINASI

01/09/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STEINSALTZ, DEBRA
Address: 2860 STATE ROAD 84, SUITE 103
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP () Delete
Name: ESQUENAZI, CRAIG
Address: 800 SE 3RD AVE, SUITE 300
City-St-Zip: FORT LAUDERDALE, FL, FL 33316

Title: SEC () Delete
Name: GARIBOLDI, VIVIANE
Address: 201 SE 6TH ST
City-St-Zip: FORT LAUDERDALE,, FL 33301

Title: TR () Delete
Name: WILLIAMS, MARSHALL
Address: P.O BOX 8544
City-St-Zip: CORAL SPRINGS, FL 33075

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ESQUINASI, CRAIG
Address: 800 SOUTHEAST 3RD AVE.
City-St-Zip: FORT LAUDERDALE, FL 33316

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CRAIG ESQUINASI

P

01/09/2007

Electronic Signature of Signing Officer or Director

Date