2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUI 1. Entity Nam JASMAN	ie	# P00000051			20	F 11. 8		ı 1		
Principal Plac	e of Busines	s	Mailing Address			1 (1	MI MAI IO	(r44	<i>1</i> 1	
2665 S BAYSHORE DR, SUITE 703 MIAMI, FL 33133 US			2665 S BAYSHORE DR, SUITE 703 MIAMI, FL 33133 US			SECRETARY OF STATE TALLAHASSEE, FLORIDA				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			04272007	Chg-P	CR2E0	34 (12/06)	
City & State			City & State			4. FEI Numb			<u> </u>	plied For t Applicable
Zip			Zip			5. Certificate	of Status Desired		\$8.75 Add Fee Required	
Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name					
		TE SERVICES, INC.		·						
2665 S BA MIAMI, FL		DR, SUITE 703	Street Addres			(P.O. Box Number is Not Acceptable)				
					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 accep										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, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution: Added to Fees										
10.	00	OFFICERS AND	·	11.		ADDITIONS	/CHANGES TO O	FFICERS AND		
TITLE NAME	ZZ Delote					73	00100)<000	Change	Addition
STREET ADDRESS 2665 S BAYSHORE DR, SUITE 70 MIAMI, FL 33133			703				001 03 1/07010	070 1 5	**155	0.00
TITLE	DVP		☐ Delete	TITL	l				Change	Addition
NAME STATON, LINDA STREET ADDRESS 2665 S BAYSHORE DR. SUITE 7			703 STR		EET ADDRESS					
CITY-ST-ZIP	MIAMI, FI				'-ST-ZIP					_
NAME	S RICHARE	DS, TIMOTHY D	☐ Delete	TITL NAM	_				☐ Change	Addition
STREET ADDRESS	ET ADDRESS 2665 S BAYSHORE DR, SUITE 703				EET ADDRESS					
CITY-ST-ZIP	MIAMI, FI	_ 33133	7		- ST - ZIP					
NAME			☐ Delete	TITL Nam					Change	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '- ST-ZIP					
TITLE			☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS				NAM						.
CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete	TITL					Change	Addition
NAME STREET ADDRESS				NAM STRE	ET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
12. I hereby of indicated of the cor	certify that the on this repo poration or the	e information supplied with rt or supplemental report is he receiver or trustee emod	ithis tiling does not qualify strue and accurate and tha owered to execute this repo	for the exit my signal ort as required	emptions contained ture shall have the red by Chapter 601	d in Chapter 11! same legal effe 7. Florida Statute	9, Florida Statutes of as if made unde es: and that my pe	s. I further certi er oath; that I a ame appears in	fy that the in m an officer a Block 10 or	formation or director Block 11 if
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. 4/27/07 (305) 858–9900										
SIGNATURE: SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DayLine Prone #										
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