


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2005 8:00 am
Secretary of State

08-01-2005 90023 009 ***150.00

DOCUMENT # P00000088457 1. Entity Name JAL INSURANCE SERVICES, INC.	
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Principal Place of Business 141 E. COMMERCIAL BLVD FORT LAUDERDALE, FL 33334	Mailing Address 9660 NW 59 COURT PARKLAND, FL 33076
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50058742



07222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1040159	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LOMBARDO, JOHN 9660 NW 59 COURT PARKLAND, FL 33076

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDO, JOHN 9660 NW 59 CT PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOMBARDO, CAROLYN 9660 NW 59 CT PARKLAND, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>I never received your notice to renew. While visiting my accountant, he reminded me, it should have been paid.</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 22, 05

*954-958
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