


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000090248**

1. Entity Name  
**JASAL GROUP, INC.**



Principal Place of Business      Mailing Address  
**1000 PONCE DE LEON**      **PO BOX 227818**  
**STE 120**      **MIAMI FL 33152**  
**MIAMI FL 33134**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



1st MOORE      CR2E034 (10/04)

6. Name and Address of Current Registered Agent

**VIDAL, FERNANDO**  
**701 SW 27TH AVE STE #606**  
**MIAMI FL 33135**

4. FEI Number      Applied For / Not Applicable

**65-1042917**       Applied For  
 Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (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 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, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

10. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> Delete
NAME	JAVIER, ARMANDO A	
STREET ADDRESS	7225 NW 25 ST, STE 201	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	V	<input type="checkbox"/> Delete
NAME	JAVIER, YVONNE	
STREET ADDRESS	7225 NW 25 ST, STE 201	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAVIER, ARMANDO M	
STREET ADDRESS	7225 NW 25 ST, STE 201	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	JAVIER, JUAN CARLOS	
STREET ADDRESS	7225 NW 25 ST, STE 201	
CITY-ST-ZIP	MIAMI FL 33122	
TITLE	D	<input type="checkbox"/> Delete
NAME	VIDAL, FERNANDO J	
STREET ADDRESS	1330 CORAL WAY # 305	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

U00000248957  
 03/02/05-80050-015 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Armando Javier President*      2/26/05      786-2343377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #