

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000090248

Entity Name: JASAL GROUP, INC.

FILED  
Mar 06, 2007  
Secretary of State

## Current Principal Place of Business:

1000 PONCE DE LEON  
STE 120  
MIAMI, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 227818  
MIAMI, FL 33152

## New Mailing Address:

FEI Number: 65-1042917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: JAVIER, ARMANDO A  
Address: 1000 PONCE DE LEON, STE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: V ( ) Delete  
Name: JAVIER, YVONNE  
Address: 1000 PONCE DE LEON, STE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: JAVIER, ARMANDO M  
Address: 1000 PONCE DE LEON, STE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: JAVIER, JUAN CARLOS  
Address: 1000 PONCE DE LEON, STE 120  
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete  
Name: VIDAL, FERNANDO J  
Address: 701 SW 27TH AVE STE #606  
City-St-Zip: MIAMI, FL 33135

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARMANDO JAVIER

P

03/06/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date