2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000016380

Entity Name: J.A. HOLDINGS CORP.

FILED Jan 16, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Cullelli Fillicipai Flace di Dusilless.	New Fillicipal Flace of Dusiliess.

151 CRANDON BLVD

APT. 1130 APT. 1130

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

151 CRANDON BLV 151 CRANDON BLVD

APT. 1130 APT. 1130

KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149

FEI Number: 65-1074570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CALVO, LIZABETH F 328 CRANDON BLVD. SUITE 226 KEY BISCAYNE, FL 33149 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:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Change () Addition

 Title:
 DVP
 () Delete
 Title:
 DP
 (X) Change () Addition

 Name:
 JIMENEZ, DIEGO
 Name:
 JIMENEZ, ADOLFO A

 Address:
 101 OCEAN LANE DRIVE
 Address:
 101 OCEAN LANE DRIVE

City-St-Zip: KEY BISCAYNE, FL 33149

City-St-Zip: KEY BISCAYNE, FL 33149

City-St-Zip: KEY BISCAYNE, FL 33149

 Title:
 DP
 (X) Delete
 Title:

 Name:
 JIMENEZ, ADOLFO A
 Name:

 Address:
 101 OCEAN LANE DRIVE
 Address:

 City-St-Zip:
 KEY BISCAYNE, FL 33149
 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: ADOLFO A. JIMENEZ DP 01/16/2007