2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000026584

Entity Name: JURAKAN INTERNATIONAL CORPORATION

FILED Apr 28, 2011 Secretary of State

| Current Principal Place of Business: | | New Principal Place of Business: | | |
|--|---------------------------------|-----------------------------------|---|--|
| 177 OCEAN LANE DRIVE SUITE 305 | | | | |
| KEY BISCAYNE, FL 3314 | 9 | | | |
| Current Mailing Address: | | New Mailing Address: | | |
| 177 OCEAN LANE DRIVE SUITE 305 KEY BISCAYNE, FL 3314 | | | | |
| FEI Number: 65-1093298 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | Name and Address of | Name and Address of New Registered Agent: | |
| CZAHAR, ADRIAN R 177 OCEAN LANE DRIVE SUITE 305 KEY BISCAYNE, FL 3314 | | | | |
| The above named entity so in the State of Florida. | ubmits this statement for the p | urpose of changing its registered | office or registered agent, or both, | |
| SIGNATURE: | | | | |
| Electronic | c Signature of Registered Age | nt | Date | |

OFFICERS AND DIRECTORS:

Title: PTSD

Name: CZAHAR, ADRIAN R

Address: 177 OCEAN LANE DRIVE SUITE 305

City-St-Zip: KEY BISCAYNE, FL 33149

I hereby 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 all other like empowered.

SIGNATURE: ADRIAN CZAHAR PTSD 04/28/2011