

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000072844

1. Entity Name
JAS ENTERPRISES, INC.



Principal Place of Business
3000 N UNIVERSITY DR
SUITE E
CORAL SPRINGS, FL 33065

Mailing Address
3000 N UNIVERSITY DR
SUITE E
CORAL SPRINGS, FL 33065

FILED
Feb 03, 2004 08:00 AM
Secretary of State



01122004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1123750

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HERNANDEZ, DAVID S
3000 N UNIVERSITY DR
SUITE E
CORAL SPRINGS, FL 33065

**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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000033162
02/05/04-80032-010 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME BROWN, PETER
STREET ADDRESS 3000 N UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE TD
NAME SOFFIAN, ANDY
STREET ADDRESS 3000 N UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SD
NAME TERRONES, JESUS
STREET ADDRESS 3000 N UNIVERSITY DR
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

Andrew D. Soffian

ANDREW D. SOFFIAN

305-826-8100