## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 09, 2007 08:00 A Secretary of State **DOCUMENT # P01000088492** 1. Entity Name JAI RENTAL PROPERTIES, INC. Principal Place of Business Mailing Address 5952 NE 2DN AVE **768 SE ATLANTUS AVE** MIAMI, FL 33168 PORT ST LUCIE, FL 34983 03262007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1012628 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Fee Regulred 6. Name and Address of Current Registered Agent PB&A FINANCIAL SERVICES DO NOT WRITE 13935 NW 1ST AVE MIAMI, FL 33168 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. DP TITLE NAME KATWARU, J P STREET ADDRESS 768 SE ATLANTIS AVE. 000000695115 04/17/07-80047-010 150.00 CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 TITLE NAME KATWARU, DULARLE STREET ADDRESS 768 SE ATLANTIS AVE CITY-ST-ZIP PORT SAINT LUCIE, FL 34983 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME .... STREET ADDRESS CITY-ST-ZIP NAME: STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Daytime Phone #

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