

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000111772

FILED
Apr 16, 2004
Secretary of State

Entity Name: JAAG RISK MANAGEMENT, INC.

Current Principal Place of Business:

20423 STATE ROAD #7, F6 #475
BOCA RATON, FL 33498

New Principal Place of Business:

Current Mailing Address:

20423 STATE ROAD #7, F6 #475
BOCA RATON, FL 33498

New Mailing Address:

FEI Number: 65-1158046

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELMER, SHELLI A
20423 STATE ROAD #7, F6 #475
BOCA RATON, FL 33498 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: PD () Delete
Name: LILAK, DOUGLAS F
Address: 20423 STATE RD #7, F6 #475
City-St-Zip: BOCA RATON, FL 33498

Title: VD () Delete
Name: ELMER, SHELLI A
Address: 20423 STATE RD #7, F6 #475
City-St-Zip: BOCA RATON, FL 33498

Title: S () Delete
Name: LILAK, SALLY
Address: 20423 STATE RD #7, F6 #475
City-St-Zip: BOCA RATON, FL 33498

Title: T () Delete
Name: ELMER, MARK
Address: 20423 STATE RD #7, F6 #475
City-St-Zip: BOCA RATON, FL 33498

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DOUGLAS F LILAK

PD

04/16/2004

Electronic Signature of Signing Officer or Director

Date