

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90005 022 ***150.00

DOCUMENT # P03000005378

1. Entity Name
JASC CORPORATION



Principal Place of Business
**1725 MARSEILLE DR
APT #1
MIAMI, FL 33141**

Mailing Address
**1725 MARSEILLE DR
APT #1
MIAMI, FL 33141**

54067529



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07292004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0044003

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SANTA CRUZ, JULIO A
1725 MERSEILLE DR
APT #1
MIAMI, FL 33141**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

7/28/04

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P/T ☐ Delete
NAME **SANTA CRUZ, JULIO A**
STREET ADDRESS **1725 MARSEILLE DR APT 1**
CITY-ST-ZIP **MIAMI, FL 33141**

TITLE VP/S ☐ Delete
NAME **PELLIZA, ALEJANDRA P**
STREET ADDRESS **1725 MARSEILLE DR APT 1**
CITY-ST-ZIP **MIAMI, FL 33141**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/28/04 786-357-7145

Attachment

Doc. # P0300005378
524067529

JASC Corporation
1725 Marseille Dr
Apt. # 1
Miami, FL 33141

July 29, 2004

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: P03000005378

Dear Sir or Madam:

We are enclosing the Uniform Business Report for the above corporation with a check for \$150.00. We were not aware that we had to pay this fee until this year because we never received the enclosed form. Our intention as a new business is not to avoid paying the appropriate fees, but unfortunately, this has been a learning process.

Please accept our check and payment for \$150.00 and consider not penalizing us. We truly appreciate your cooperation.

Sincerely,


Julio A. Santa Cruz