

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051864

FILED
Mar 30, 2006
Secretary of State

Entity Name: JAFAN CORPORATION

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., SUITE 240
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD., SUITE 240
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134

FEI Number: 03-0532650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD., SUITE 240
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

PRATS, GABRIEL
2121 PONCE DE LEON BLVD
SUITE 240
CORAL GABLES, FL 33134 US

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: GABRIEL PRATS

03/30/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ANDRADE, CARLOS M
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: VTD () Delete
Name: RODRIGUEZ, MARTHA L
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: GOMEZ, RUBEN D
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: ARISTIZABAL, MAURICIO
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: GOMEZ, NICOLAS
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SHERMAN, IVAN
Address: 2121 PONCE DE LEON BLVD., SUITE 240
City-St-Zip: CORAL GABLES, FL 33134

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:

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 Chapter 119, 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: CARLOS ANDRADE

PD

03/30/2006

Electronic Signature of Signing Officer or Director

Date