2206 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 10, 2006 8:00 am Secretary of State **DOCUMENT # P04000000179** 05-10-2006 90100 033 ***150.00 JLA VENTURES INC. Principal Place of Business Mailing Address 1111 BRICKELL BAY DR, APT 2309 1111 BRICKELL BAY DR, APT 2309 60037818 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address 1155 BRICKELL BAY DR. 55 BRICKEU BAY DR Suite, Apt. #, etc ite, Apt. #, etc. 04302006 CR2E034 (11/05) Chg-P APT 1009 APT 100 City & State City & State 4. FEI Number Applied For MIAMI MIAMI 20-0539527 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GLATER & ASSOCIATES, P.A Street Address (P.O. Box Number is Not Acceptable) 1560 SAWGRASS CORPORATE PARKWAY **FOURTH FLOOR** SUNRISE, FL 33323 Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D ПП,Е ☐ Delete TITLE Change . ☐ Addition KNIGIN, JONATHAN 1155 BRICKELL BAY DR #1009 KNIGIN, JONATHAN NAME NAME STREET ADDRESS 1111 BRICKELL BAY DR, APT 2309 STREET ADDRESS CITY-ST-7IP MIAMI, FL 33/3/ MIAMI, FL 33131 CITY-ST-ZIP Change D TITLE Delete TITLE ☐ Addition KNIGIN, LILIANA 1155 BRICKEL BAY DR # 1009 KNIGIN, LILIANA NAME NAME STREET ADDRESS 1111 BRICKELL BAY DR, APT 2309 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP MIAMI, FL 33/3/ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RILE Delete DD F ☐ Channe ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition MAME MALKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE TITLE □ Defete ■ Addition NAME NAME STREET ADDRESS 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 any ownered.

FILED

4/30/2006 (205)4164542