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May 12, 2006 8:00 am
Secretary of State
04-24-2006 90459 025 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000044112

1. Entity Name
JASAB, INC

Principal Place of Business	Mailing Address
1912 ARROWHEAD DRIVE NE ST PETERSBURG, FL 33703	1912 ARROWHEAD DRIVE NE ST PETERSBURG, FL 33703

66016223

04062006 No Chg-P CR2E034 (11/05).

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0852801
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALES, SUSAN A
1912 ARROWHEAD DRIVE NE
ST. PETERSBURG, FL 33703

DO NOT WRITE 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BALES, SUSAN A
STREET ADDRESS	1912 ARROWHEAD DRIVE NE
CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	
NAME	Oscar Freedman
STREET ADDRESS	1912 Arrowhead Dr. NE
CITY-ST-ZIP	St. Petersburg, FL 33703
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Susan A. Bales Pres 4/12/06 727-641-5701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #