


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90286 001 ***300.00

DOCUMENT # P04000102723


1. Entity Name
JHA OVERSEAS, INC.



Principal Place of Business 6995 NW 84TH AVE MIAMI, FL 33166	Mailing Address 6995 NW 84TH AVE MIAMI, FL 33166
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DO NOT WRITE IN THIS SPACE

66007332



03152007 No Chg:P - CR2E034 (11/05)

4. FEI Number 20-1342873	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK, INC.
 11380 PROSPERITY FARMS ROAD #221E
 PALM BEACH GARDENS, FL 33410**

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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABILLEIRA, MANUEL 6995 NW 84TH AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABILLEIRA, YOLANDA 6995 NW 84TH AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ABILLEIRA, MANUEL JR 6995 NW 84TH AVE MIAMI, FL 33166
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

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, when authorized like empowered.

SIGNATURE: _____ **3-15-07** **(787) 404-7872**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #