## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 08:00 AM Secretary of State DOCUMENT # P04000126037 Erlity Name J.A.F.S., INC. Principal Place of Business Mailing Address 9229 SW 114TH STREET 9229 SW 114TH STREET MIAMI, FL 33176 MIAMI, FL 33176 04102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For FEI Number 20-2066646 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent WALLER, LUCIA E DO NOT WRITE 11736 S.W. 110TH TERRACE MIAMI, FL 33186 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 lamitler with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent argusture required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROCA, JULIO A NAME STREET ADDRESS 9229 SW 114TH STREET DITY-51-2P MIAMI, FL 33176 v TITLE U00000536409 05/08/06-80093-082 150.00 NAME ROCA, FLOR S STREET ADDRESS 9229 SW 114TH STREET CITY-ST-ZP MIAMI, FL 33176 BILE NAME STREET ADDRESS DO NOT WRITE Caty-St-Zip TITLE IN THIS SPACE NAME STREET) ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DILE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HIGHE OF SIGNING OFFICER OR DIRECTOR

4-24-06

305-255-4698 Daytime Phone

**FILED**