

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000009403

1. Entity Name
JARAH PROPERTIES, INC.



Principal Place of Business
800 W CYPRESS CREEK RD.
SUITE 465
FT LAUDERDALE, FL 33309

Mailing Address
800 W CYPRESS CREEK RD.
SUITE 465
FT LAUDERDALE, FL 33309

**FILED
Apr 18, 2008 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

04122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2258747	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

LEGEL, LARRY
800 W CYPRESS CREEK ROAD SUITE 470
FT LAUDERDALE, FL 33309

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	AS LEGEL, LARRY 800 W CYPRESS CREEK ROAD SUITE 470 FT LAUDERDALE, FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS RADEBAUGH, GARY S 1399 SW 3RD ST BOCA RATON, FL 334864429
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

0000000906178
05/02/08-80012-002 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

Daytime Phone #