

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000092983

Entity Name: KASAS JAX INC

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10507 AUTUMN TRACE RD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

10507 AUTUMN TRACE RD  
JACKSONVILLE, FL 32257 UN

**Current Mailing Address:**

10507 AUTUMN TRACE RD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

FEI Number: 20-3124859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WIND, ROCIO A  
10507 AUTUMN TRACE RD  
JACKSONVILLE, FL 32257 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: WIND, ROCIO A  
Address: 10507 AUTUMN TRACE RD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP  
Name: RIVERA, JOSE O  
Address: 12152 BIGBAND COURT  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROCIO A WIND

PRES

02/09/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date