

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000044402

1. Entity Name
JSSR, INC.



**FILED
Apr 23, 2007 8:00 am
Secretary of State**

04-23-2007 90259 042 ***150.00

40077200



01102007 Chg-P CR2E034 (12/06)

4. FEI Number <i>20-4585544</i>	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

PATEL, KIRAN H
1910 S. ATLANTIC AVE
DAYTONA BEACH SHORES, FL 32118

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 remitting)

DATE

**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 P Delete
NAME PATEL, KIRAN H
STREET ADDRESS 1910 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

TITLE VP Delete
NAME PATEL, SANGITA K
STREET ADDRESS 1910 S ATLANTIC AVE
CITY-ST-ZIP DAYTONA BEACH SHORES, FL 32118

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

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NAME Delete
STREET ADDRESS Delete
CITY-ST-ZIP Delete

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/19/07

Date

Daytime Phone #