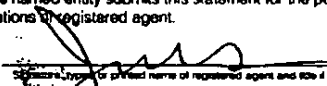
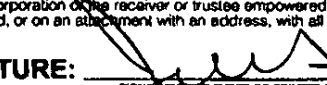


FILED
Jun 12, 2007 8:00 am
Secretary of State

04-30-2007 90842 023 ***150.00

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000090381			
1. Entity Name THE JASYD CORP.			
Principal Place of Business 430 SW 113 WAY PEMBROKE PINES, FL 33025		Mailing Address 430 SW 113 WAY PEMBROKE PINES, FL 33025	
2. Principal Place of Business - No P.O. Box # 15709 NW 4th ST		3. Mailing Address 15709 NW 4th ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Pembroke Pines, FL		City & State Pembroke Pines, FL	
Zip 33024		Zip 33028	
Country USA		Country USA	
4. FEI Number 20-5539282		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANNIZZARO, JOY M 430 SW 113 WAY PEMBROKE PINES, FL 33025		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  DATE 4/20/2007 Signature of person or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANNIZZARO, JOY M 430 SW 113 WAY PEMBROKE PINES, FL 33025 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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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:  DATE 4/20/2007 DAYTIME PHONE # 451-544-5864 Signature and typed or printed name of signing officer or director			