

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000101845

Entity Name: JOLAN HOME THEATERS INC.

FILED  
Feb 26, 2008  
Secretary of State

## Current Principal Place of Business:

13980 NORTH WEST 22ND AVENUE  
OPALOCKA, FL 33054

## New Principal Place of Business:

## Current Mailing Address:

13980 NORTH WEST 22ND AVENUE  
OPALOCKA, FL 33054

## New Mailing Address:

FEI Number: 20-4696224

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LALL, ERROL  
13980 NORTH WEST 22ND AVENUE  
OPALOCKA, FL 33054 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LALL, ERROL  
Address: 1414 N.E. 135TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: V ( ) Delete  
Name: LALL, HANNAH  
Address: 1414 N.E. 135TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: LALL, LANCE  
Address: 1414 N.E. 135TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: LALL, JOEL  
Address: 1414 N.E. 135TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

Title: D ( ) Delete  
Name: LALL, ANISSA  
Address: 1414 N.E. 135TH STREET  
City-St-Zip: NORTH MIAMI, FL 33161

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ERROL LALL

P

02/26/2008

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

\_\_\_\_\_  
Date