FILED Mar 07, 2008 8:00 am Secretary of State 01-23-2008 90011 030 ***150.00

DOCUMENT # P06000156530 1. Entity Name JALA GS, INC										25 2 00	0 0001	1 020	130.00
Principal Place	ol Business	Mailing Add	Mailing Address										
20301 GRAN ESTERO, FL			20301 GRANDE OAK SHP CTR # 112 ESTERO, FL 33928				66002785						
2. Principal Pl	ace of Busine	3. Mailing A	3. Mailing Address										
Suite, Apt.	♥, eIC.	Suite, Ap	Suite, Apt. #, etc.				01152008	Chg-	P	CR2E	034 (12/06)		
City & State			City & Sta	City & State				4. FEI Numb	र् _{। 98}	020	6_		plied For LApplicable
Zip		Country	Zip	Zip Coun			5 Certificate of Status Desired Y Y Y Y				\$8.75 Add Fee Required		
6, Name and Address of Current Registered Agent						Name		7. Name and	d Address o	I New Re	gistered	Agent	
PATEL, AJAY R 20301 GRANDE OAK SHP CTR # 112 ESTERO, FL 33928						Street Address (P.O. Box Number is Not Acceptable)							
ESTERO	FC 33920					City		•			FL	Zip Code	•
8. The above	named entity	submits this stateme	nt for the ourcose o	d changing its	register	ed office or r	egister	ed agent, or bo	ath, in the St	ate of Flor		familiar with.	and accept
	ions of registe		41		· cgisioi	ou omeo or t	0 2.5.61			. 1.	~ / [~]		
SIGNATURE_	Signature, typed or	premied native of agricored	Gert and she d applicable	INOTE	: Regalero	d Agent signesure	100,000	when remeasing)		-1/	\$/ <u>.</u> .ae		<u> </u>
		FEE IS \$150.00 Fee will be \$5:		ection Campai ust Fund Contr			\$5. Add	.00 May Be ed to Fees					_
10,		OFFICERS A	ND DIRECTORS		11.			ADDITIONS	/CHANGES	TO OFFI	CERS AND	DIRECTORS	SIN 11
HTLE NAME	P PATEL AJ	AY R		C Delete	(IFL)							☐ Change	Addition
STREET ADDRESS CITY-ST-ZIP	20301 GR/ ESTERO, I	TR#112		STRE	EET ADORESS -ST-21P								
TIFLE NAME				Oelete	(II) LI	1	D	CAND	no.	JOSE	=PH	Change	Addition
STREET ADDRESS					STRE	ET 400RESS	2	CAND 2628 NAP	ETT	انتعد	AMI	TR	1
CITY-ST-ZIP				☐ Delete	CITA	-51-71P		T/BY	LES,	-121	. 34	☐ Change	Addition
NAME	İ			CI Otalie	NAM	le							
STREET ADDRESS CITY-ST-ZP						EEI ADORESS -\$1-71P							
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ime				☐ Delete	mu	-S1-21P E		_ 				☐ Change	Addition
NAME STREET ADDRESS	!				MAM	EET ADDRESS							
CITY-SI-ZIP						-ST-AP							
TITLE NAME			<u> </u>	☐ Detete	DITLI NAM			_				Change	Addition
STREET ADDRESS					SIRE	EET AEORESS							
12. I hereby	certify that the	information supplied	with this liling doe	s not qualify fo		emptions co	ntained	in Chapter 11	9, Florida S	atutes. I f	urther cer	tify that the in	formation
12. I hereby cartify that the information supplied with this litting does not qualify for the exemptions contained in Chapter 119, Florids 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 it made under oath; that I am an officer or director of the opporation or the receiver or trusted purpowered 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 any actions of the receiver													or director
SIGNAT	TURE: _	SIGNATURE AND TYPE	ON PRINTED NAME OF	RIGHING DEFICE	OR DIDEC	TOR		!/	8/0	<u>8</u>	 -	Daytme Phone #	
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