2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000092088

Address:

City-St-Zip:

Entity Name: JASMAN INVESTMENTS INC

FILED Jun 30, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
301 S DILLARD STREET				410 N DILLARD STREET				
210 WINTER GARDEN, FL 34787				104 WINTER GARDEN, FL 34787				
Current Mailing Address:				New Mailing Address:				
301 S DILLARD STREET				410 N DILLARD STREET				
210 WINTER GARDEN, FL 34787				104 WINTER GARDEN, FL 34787				
FEI Number:	: 26-3529591	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certifica	ate of Status De	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
ANDRADE, MANUEL 6602 OLD WINTER GARDEN ROAD ORLANDO, FL 32835 US				MAYORAL, JASON 410 N. DILLARD ST 104 WINTER GARDEN, FL 34787 US				
	named entity se of Florida.	submits this statement for the p	urpose o	f changing i	ts registere	ed office or r	registered age	ent, or both,
SIGNATURE: JASON MAYORAL				06/30/2009				
	Electron	ic Signature of Registered Age	ent				Date	
		3(2)(b), F.S., the corporation did no 1 Trust Fund Contribution ().	t receive t	he prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () MAYORAL, JAS 301 S DILLARD WINTER GARD	STREET		Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	AMDRADE, MA	TER GARDEN ROAD		Title: Name: Address: City-St-Zip:	V ANDRADE, 6602 OLD ORLANDO	WINTER GAR	,	
Title: Name:	()	Delete		Title: Name:	PSD MAYORAL	()Change JASON F	(X) Addition	

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.

Address:

City-St-Zip:

410 N DILLARD STREET, SUITE 104

WINTER GARDEN,, FL 34787 US

SIGNATURE: JASON MAYORAL PSD 06/30/2009