

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000018096

Entity Name: JALA GROUP, INC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2804 ST. JOHNS BLUFF RD, SOUTH  
SUITE 200  
JACKSONVILLE, FL 32246

## **Current Mailing Address:**

2804 ST. JOHNS BLUFF RD, SOUTH  
SUITE 200  
JACKSONVILLE, FL 32246

## **New Principal Place of Business:**

2804 ST. JOHNS BLUFF RD S  
SUITE 200  
JACKSONVILLE, FL 32246 UN

## **New Mailing Address:**

2804 ST. JOHNS BLUFF RD S  
SUITE 200  
JACKSONVILLE, FL 32246

FEI Number: 27-5093122

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

SABET, AMIR M  
2804 ST. JOHNS BLUFF ROAD, SOUTH  
SUITE 200  
JACKSONVILLE, FL 32246 US

## **Name and Address of New Registered Agent:**

FLOTT, STEVE  
101 CENTURY 21 DR  
SUITE #206  
JACKSONVILLE, FL 32216 US

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: STEVE FLOTT

03/21/2012

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SABET, AMIR M  
Address: 2804 ST. JOHNS BLVD, SOUTH, SUITE 200  
City-St-Zip: JACKSONVILLE, FL 32246

I hereby 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 all other like empowered.

SIGNATURE: AMIR SABET

CEO

03/21/2012

Electronic Signature of Signing Officer or Director

Date