

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010973

FILED  
Mar 02, 2009  
Secretary of State

Entity Name: ALTON JAL INC.

## Current Principal Place of Business:

523 MICHIGAN AVE  
MIAMI BCH, FL 33139 US

## New Principal Place of Business:

523 MICHIGAN AVE  
MIAMI BEACH, FL 33139 US

## Current Mailing Address:

523 MICHIGAN AVE  
MIAMI BCH, FL 33139 US

## New Mailing Address:

523 MICHIGAN AVE  
MIAMI BEACH, FL 33139 US

FEI Number: 65-0387655

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FRYD JONATHAN  
523 MICHIGAN AVE  
MIAMI BCH, FL 33139 US

## Name and Address of New Registered Agent:

FRYD, JONATHAN  
523 MICHIGAN AVE  
MIAMI BCH, FL 33139 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: JONATHAN FRYD

03/02/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: FRYD, JONATHAN  
Address: 523 MICHIGAN AVE  
City-St-Zip: MIAMI BCH, FL

Title: VPDS ( ) Delete  
Name: RESNICK, JAMES  
Address: 1228 ALTON RD  
City-St-Zip: MIAMI BCH, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FRYD, JONATHAN  
Address: 523 MICHIGAN AVE  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VPDS (X) Change ( ) Addition  
Name: RESNICK, JAMES  
Address: 1228 ALTON RD  
City-St-Zip: MIAMI BEACH, FL 33139

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: JONATHAN FRYD

PD

03/02/2009

Electronic Signature of Signing Officer or Director

Date