## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000052597

Entity Name: JEJA ASSOCIATES, INC.

FILED Apr 29, 2009 Secretary of State

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Current Principal Place of Business:			New Principal Place of Business:		
311 LINCO #200					
MIAMI BEA	CH, FL 33139	US			
Current Mailing Address:			New Mailing Address:		
311 LINCO #200 MIAMI BEA	LN RD CH, FL 33139	US			
FEI Number:	65-0433833	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
WEIDER NORMAN S. 100 SOUTHEAST 2ND ST. SUITE 3910 MIAMI, FL 33131 US			JASON RUBELL 311 LINCOLN ROAD 200 MIAMI BEACH, FL 33139 US		
The above in the State		bmits this statement for the p	urpose of changing its registered	d office or registered agent, or both,	
SIGNATURE: JASON RUBELL				04/29/2009	
	Electronic	Signature of Registered Age	nt	Date	
Election Carr	paign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PD () E RUBELL, MERA 311 LINCOLN RE MIAMI, FL 33138		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E RUBELL, DONAL 311 LINCOLN RE MIAMI, FL 33169	#200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () E RUBELL, JASON 311 LINCOLN RE MIAMI BEACH, F	). #200	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	D ()ERUBELL, JENNIF	Delete ER	Title: Name:	() Change () 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:

SIGNATURE: MERA RUBELL PD 04/29/2009

311 LINCOLN ROAD #200

MIAMI BEACH, FL 33139

Address:

City-St-Zip: