


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
Feb 08, 2007 08:00 AM  
Secretary of State  
JAN 25 2007  
BY: CL #8400

DOCUMENT # P93000073083

1. Entity Name  
JAS OIL, INC.



Principal Place of Business  
4250 WEST 16TH AVENUE  
HIALEAH, FL 33012 US

Mailing Address  
PO BOX 8546  
MIAMI, FL 33255-8546

**DO NOT WRITE IN THIS SPACE**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number  
65-0442378

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

Applied For  
Not Applicable

6. Name and Address of Current Registered Agent

SARRIA, JORGE A  
8405 SW 56TH ST  
MIAMI, FL 33155

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS SARRIA, JORGE A 8405 SW 56 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000628322  
02/16/07-80009-029 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jorge A. Samia Date: 2/5/07 Daytime Phone #: 305-274-1446

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR