2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Feb 01, 2006 08:00 AM **DOCUMENT # P95000008833 Secretary of State** 1. Entity Name J A PROFESSIONAL SERVICES, INC Principal Place of Business Mailing Address 540 BRICKELL KEY II APT #1209 540 BRICKELL KEY DR APT 1209 MIAMI FL 33131 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. tst MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 65-0551982 Not Applicable Zip Country Ζıρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name AGUIRRE, JORGE H Street Address (P.O. Box Number is Not Acceptable) 540 BRICKELL KEY II APT #1209 MIAMI FL 33131 City Zip Code FL 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 reinstaling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May 8e After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10 11. ☐ Change ☐ Addiso ☐ Delete TITLE U00000412676 NAME AGUIRRE, JORGE H MAME 02/10/06-80059-001 150.00 STREET ADDRESS STREET ADDRESS 540 BRICKELL KEY II APT #1209 MIAMI FL 33131 CITY+ST-7/P CITY-ST-7IP Addin ☐ Detete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Change Addition TITLE ☐ Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Сhange Delete TITLE □ Addition THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZXP ☐ Change Arabia TITLE Delete TITLE NAMic NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIP T Addica. TITLE ☐ Defete HILL Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 direction 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 1

FILED

1/28/06 305358-6705 Date Dayone Phone #