

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000028739

1. Entity Name
JAY-MALL & PLAZAS, INC.



Principal Place of Business
301 174 ST
914
SUNNY ISLES, FL 33160

Mailing Address
301 174 ST
914
SUNNY ISLES, FL 33160

FILED
Sep 18, 2008 08:00 AM
Secretary of State



09102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0627041

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PIRINCCI, JEMAL
301 174 ST
914
SUNNY ISLES, FL 33160

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when refreshing)

DATE

1000000959860
09/18/08-800002-021 150.00

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P
NAME PIRINCCI, JEMAL
STREET ADDRESS 301 174 ST APT. 914
CITY-ST-ZIP SUNNY ISLES, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/08

917-922-5460

Date

Daytime Phone #