

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT (AB)**

**FILED**

**Mar 17, 2008 8:00 am  
Secretary of State**

02-25-2008 90057 005 \*\*\*150.00

DOCUMENT # P96000063156		
1. Entity Name JAK SERVICE CENTER, INC.		

Principal Place of Business 11050 SW 143RD RD PL MIAMI FL 33186 US	Mailing Address 11050 SOUTHWEST 143RD ROAD PLACE MIAMI FL 33186
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

2.

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  UGAN, BEATRICE 11050 SOUTHWEST 143RD ROAD PLACE MIAMI FL 33186	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
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4. FEI Number  
**65-0687337**  Applied For  
 Not Applicable

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

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.	<i>Julia UGAN</i>	<i>2/16/08</i>
SIGNATURE <i>Julia UGAN</i>		DATE <i>2/16/08</i>
NOTE: Registered Agent signature required when changing Officer or Director of registered agent and title in place.		

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete UGAN, JORGE 11050 SOUTHWEST 143RD ROAD PLACE MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete UGAN, JULIA 11050 SOUTHWEST 143RD ROAD PLACE MIAMI FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: <i>Julia UGAN</i>		Date <i>3/11/08</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	