

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008493

Entity Name: JISUDALY, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

2901 COLLINS AVENUE
SUITE M
MIAMI BEACH, FL 33140

New Principal Place of Business:

Current Mailing Address:

%BRUCE E. LAZAR
2901 COLLINS AVENUE SUITE M
MIAMI BEACH, FL 33140

New Mailing Address:

FEI Number: 65-0736420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAZAR, BRUCE E ESQ
605 LINCOLN RD FIFTH FL
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DS () Delete
Name: MICHAEL, HENRIETTA
Address: 17720 N. BAY RD. APT. 10B
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: D () Delete
Name: WEINSTEIN, LYNN
Address: 25 HORIDAN RD
City-St-Zip: SCARSDALE, NY 10583

Title: D () Delete
Name: LAZAR, SUE
Address: 17720 N BAY RD PH 2
City-St-Zip: SUNNY ISLES BEACH, FL

Title: D () Delete
Name: MICHAEL, DAYLE
Address: C/O WEINSTEIN 2 SHERIDAN RD
City-St-Zip: SCARSDALE, NY 10583

Title: D () Delete
Name: PORETT, JILL MS
Address: 3691 WYNDEMERE CIR
City-St-Zip: SANTA ROSA, CA 95403

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: HENRIETTA MICHAEL

DS

01/08/2008

Electronic Signature of Signing Officer or Director

Date