

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008493

Entity Name: JISUDALY, INC.

FILED  
Jan 14, 2009  
Secretary of State

## Current Principal Place of Business:

2901 COLLINS AVENUE  
SUITE M  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

605 LINCOLN RD. 5TH FL  
SUITE M  
MIAMI BEACH, FL 33139

## Current Mailing Address:

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

## New Mailing Address:

%BRUCE E. LAZAR  
605 LINCOLN RD 5TH FL  
MIAMI BEACH, FL 33139

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

PRES

01/14/2009

Electronic Signature of Signing Officer or Director

Date