

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000008493

FILED  
Jan 08, 2012  
Secretary of State

Entity Name: JISUDALY, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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

**OFFICERS AND DIRECTORS:**

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

Title: D  
Name: WEINSTEIN, LYNN  
Address: 25 SHERIDAN RD  
City-St-Zip: SCARSDALE, NY 10583

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

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

Title: D  
Name: PERMUTT, JILL MS  
Address: 3691 WYNDEMERE CIR  
City-St-Zip: SANTA ROSA, CA 95403

I hereby 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 all other like empowered.

SIGNATURE: HENRIETTA MICHAEL

DS

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date