

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000021903

Entity Name: JAI, INC.

FILED
Mar 09, 2009
Secretary of State

Current Principal Place of Business:

CCS 5018
P. O. BOX 025323
MIAMI, FL 331025323

New Principal Place of Business:

COLLINS AVE.
APT. 704
SURFSIDE, FL 33154

Current Mailing Address:

CCS 5018
P. O. BOX 025323
MIAMI, FL 330105323

New Mailing Address:

COLLINS AVE.
APT. 704
SURFSIDE, FL 33154

FEI Number: 65-0741311

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STARKMAN, MARK R
2655 LEJEUNE ROAD
PENTHOUSE I-D
CORAL GABLES, FL 33134 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: D () Delete
Name: STARKMAN, MARK R
Address: 1500 SAN REMO AVE SUITE 125
City-St-Zip: CORAL GABLES, FL 33146

Title: P () Delete
Name: DLIWKOWICZ, LEON
Address: 8777 COLLINS AVE, APT 704
City-St-Zip: SURFSIDE, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LEON OLIWKOWICZ

P

03/09/2009

Electronic Signature of Signing Officer or Director

Date