2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 31, 2005 08:00 AM **DOCUMENT # P97000041434 Secretary of State** 1. Entity Name JAC CONSULTING CORP. Principal Place of Business Mailing Address 3191 CORAL WAY 3191 CORAL WAY SUITE 303 SUITE 303. MIAMI, FL 33145 MIAMI, FL 33145 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0751323 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent KLEIN, BRENT D DO NOT WRITE **801 BRICKELL AVENUE SUITE 1901** IN THIS SPACE MIAMI, FL 33131 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signalists required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 1 1 2005 TITLE ARMAS, JOSE 3191 CORAL WAY SUITE 303 STREET ADDRESS MIAMI, FL 33145 CITY-ST-ZIP U00000207446 02/01/05-80045-017 150.30 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS 12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 postere 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:

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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