


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90432 013 ***150.00

DOCUMENT # P98000012544 1. Entity Name JIRA CORP.					
Principal Place of Business 220 SUNRISE AVENUE, SUITE 210 PALM BEACH, FL 33480			Mailing Address 220 SUNRISE AVENUE, SUITE 210 PALM BEACH, FL 33480		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0811032	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARRIS, J IRA 220 SUNRISE AVENUE SUITE 210 PALM BEACH, FL 33480			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PSTD	<input type="checkbox"/> Delete			
NAME	HARRIS, J. IRA	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	220 SUNRISE AVE- STE 210				
CITY-ST-ZIP	PALM BCH, FL 33480				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HARRIS, NICKI	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	220 SUNRISE AVE., STE. 210				
CITY-ST-ZIP	PALM BEACH, FL 33480				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HARRIS, JACQUELINE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	565 5TH AVE. 22ND FL., C/O ALT INVST MGMT				
CITY-ST-ZIP	NEW YORK, NY 10021				
TITLE	D	<input type="checkbox"/> Delete			
NAME	HARRIS, JONATHAN M	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS	565 5TH AVE. 22ND FL., C/O ALT INVST MGMT				
CITY-ST-ZIP	NEW YORK, NY 10021				
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Delete			
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____		J. Ira Harris President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4/21/06 Daytime Phone 561-659-7130			