## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000012544

HARRIS, JONATHAN M

NEW YORK, NY 10021

830 3RD AVE SIX FLOOR

Name:

Address:

City-St-Zip:

Entity Name: JIRA CORP.

FILED Feb 09, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 220 SUNRISE AVENUE, SUITE 210 PALM BEACH, FL 33480 **Current Mailing Address: New Mailing Address:** 220 SUNRISE AVENUE, SUITE 210 PALM BEACH, FL 33480 FEI Number: 65-0811032 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HARRIS, JIRA 220 SUNRISE AVENUE SUITE 210 PALM BEACH, FL 33480 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PSTD ( ) Delete () Change () Addition Name: HARRIS, J. IRA Name: 220 SUNRISE AVE- STE 210 Address: Address: City-St-Zip: PALM BCH, FL 33480 City-St-Zip: Title: Title: () Delete () Change () Addition Name: HARRIS, NICKI Name: 220 SUNRISE AVE., STE. 210 Address: Address: PALM BEACH, FL 33480 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: (X) Change ( ) Addition HARRIS, JACQUELINE S HARRIS, JACQUELINE S Name: Name: 330 3RD AVE SIX FLOOR 830 3RD AVE SIX FLOOR Address: Address: City-St-Zip: NEW YORK, NY 10022 City-St-Zip: NEW YORK, NY 10022 Title: ( ) Delete Title: (X) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

HARRIS, JONATHAN M

NEW YORK, NY 10022

830 3RD AVE SIX FLOOR

SIGNATURE: J. IRA HARRIS **PSTD** 02/09/2009