2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 Al Secretary of State DOCUMENT # P98000015925 JA CAPITAL CORPORATION Principal Place of Business Mailing Address 2275 NW 84 AVE 2275 NW 84 AVE MIAMI, FL 33122 MIAMI, FL 33122 US 03112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0828607 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ATICK, JOE DO NOT WRITE 2275 NW 84 AVE MIAMI, FL 33122 IN THIS SPACE 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 signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. 000000861405 04/03/08-80008-002 150.00 PSTD TITLE NAME ATICK, JOE STREET ADDRESS 2275 NW 84 AVE MIAMI, FL 33122 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP

IN THIS SPACE

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 adder

SIGNATURE:

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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CETY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

MIGNAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED