


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 22, 2004 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P98000053847 1. Entity Name JALS OF ATLANTA II, INC. |  |
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| Principal Place of Business 9700 MEDLOCK BRIDGE ROAD DULUTH, GA 30097 US | Mailing Address 13100 SW 128 STREET MIAMI, FL 33186 US |
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DO NOT WRITE IN THIS SPACE



03152004 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 59-1620099 | Applied For Not Applicable |
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|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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|---|---------------------------------------|
| 6. Name and Address of Current Registered Agent FALOWITZ, JOSEPH 13100 SW 128 STREET MIAMI, FL 33186 | DO NOT WRITE IN THIS SPACE |
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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 rechartering.) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D FALOWITZ, JOSEPH 13100 SW 128 STREET MIAMI, FL 33186 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GREENBAUM, MICHAEL 13100 SW 128 STREET MIAMI, FL 33186 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/22/04-80079-013.150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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. FALOWITZ | 3-25-04 | 305 253-8631 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |