

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000020343

Entity Name: J-CAM INSURANCE CORP.

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2790 N. MILITARY TRAIL  
SUITE # 8  
WEST PALM BEACH, FL 33409 PB

**New Principal Place of Business:**

**Current Mailing Address:**

2082 TARPON LAKE WAY  
WEST PALM BEACH, FL 33411 PB

**New Mailing Address:**

FEI Number: 65-1140907

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MERGAMAN, ALLEN  
2082 TARPON LAKE WAY  
WEST PALM BEACH, FL 33411 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: MERGAMAN, ALLEN  
Address: 2082 TARPON LAKE WAY  
City-St-Zip: WEST PALM BEACH, FL 33411

I hereby 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 all other like empowered.

SIGNATURE: ALLEN MERGAMAN

DP

04/20/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date