

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90001 001 ***150.00

DOCUMENT # P03000047362	
1. Entity Name JAMERICAN, INC.	

Principal Place of Business 1250 NW 95TH ST., APT. #108 MIAMI, FL 33147	Mailing Address 1250 NW 95TH ST., APT. #108 MIAMI, FL 33147
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2. Principal Place of Business 12141 SW 271st STREET	3. Mailing Address 12141 SW 271st STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HOMESTEAD, FL	City & State HOMESTEAD, FL
Zip 33032-3313	Country USA

02232006 Chg-P CR2E034 (11/05)

4. FEI Number 13-4259897	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FOLKES, HOWARD A 1250 NW 95TH ST., APT. #108 MIAMI, FL 33147	7. Name and Address of New Registered Agent Name FOLKES, HOWARD A Street Address (P.O. Box Number is Not Accepted) 12141 SW 271st STREET HOMESTEAD, FL 33032-3313 City FL Zip Code
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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.

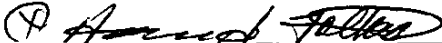
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLKES, HOWARD A 1250 NW 95TH ST., APT. #108 MIAMI, FL 33147 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FOLKES, HOWARD A 12141 SW 271st STREET HOMESTEAD, FL 33032-3313 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:  **2-28-06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #