2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 10, 2006 8:00 am
Secretary of State
03-10-2006 90001 001 ***150.00

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02232006 Chg-P CR2E034 (11/05)

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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

2. Principal Place of Business	3. Mailing Address
12141 SW 271st STREET	12141 SW 271st STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HOMESTEAD, FL	City & State: HOMESTEAD, FL
Zip: 33032-3313 Country: USA	Zip: 33032-3313 Country: USA

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 Acceptable): 12141 SW 271st STREET
HOMESTEAD, FL 33032-3313
City FL Zip Code

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

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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	FOLKES, HOWARD A		NAME	FOLKES, HOWARD A	
STREET ADDRESS	1250 NW 95TH ST., APT. #108		STREET ADDRESS	12141 SW 271st STREET	
CITY-ST-ZIP	MIAMI, FL 33147		CITY-ST-ZIP	HOMESTEAD, FL 33032-3313	
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: (P) Howard Folkes 2-28-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #