## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P03000047362

1. Entity Name
JAMERICAN, INC.

FILED Mar 07, 2007 08:00 AM Secretary of State

Principal Place of Business

12141 SW 271ST ST HOMESTEAD, FL 33032-3313 Mailing Address

12141 SW 271ST ST HOMESTEAD, FL 33032-3313



DO NOT WRITE IN THIS SPACE

02212007 No Chg-P CR2E034 (11/05)

 4. FEI Number
 Applied For

 13-4259897
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 🔽

FOLKES, HOWARD A 12141 SW 271ST ST HOMESTEAD, FL 33032-3313

## DO NOT WRITE 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. It am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or priviled name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstelling).  DATE  |  |   |      |                                |   |
|---|--|---|------|--------------------------------|---|
| FILE NOW!!! FEE IS \$150.00<br>After May 1, 2007 Fee will be \$550.00   |  | Election Campaign Financia     Trust Fund Contribution. | ng 🗆 | \$5.00 May Be<br>Added to Fees | U00000658300<br>03/15/07-80033-004 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   | OFFICERS AND DIRECT P FOLKES, HOWARD A 12141 SW 271ST ST HOMESTEAD, FL 330323313 | TORS  |      |                                | -   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |      |                                |   |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |      | •                              | NOT WRITE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |      | IN <sup>-</sup>                | THIS SPACE                                |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |      |                                |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |  |   |      |                                |   |
| 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 |  |   |      |                                |   |