## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000049048

Address:

City-St-Zip:

8431 SW 100 ST

MIAMI, FL 33156

Entity Name: J.J.A.M. HOLDINGS, INC.

FILED Apr 27, 2006 Secretary of State

Current P	rincipal Place	of Business:	New Principal Place of Business:	
8465 SW 1 PALMETT	151ST ST O BAY, FL 33	158		
Current Mailing Address:			New Mailing Address:	
8465 SW 1 PALMETT	151ST ST O BAY, FL  33	158		
FEI Number:	: 56-2358090	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:	
999 PONC CORAL G	M FARAH CPA DE DE LEON B ABLES, FL 33	:LVD #625 134 US	nurnose of changing its registere	d office or registered agent, or both,
	e of Florida.	Submits this statement for the	purpose of changing its registered	d office of registered agent, or both,
SIGNATU	RE:			
Electronic Signature of Registered Age			ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	PSTD ( BABUN, JOHN 8465 SW 151 : PALMETTO BA	STREET	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	PD ( ROJAS, ALEX 8431 SW 100 : MIAMI, FL 331		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D ( HEW, RICHAR 17240 SW 83F PALMETTO BA	D COURT	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	D (	) Delete	Title:	( ) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOHN A. BABUN PSTD 04/27/2006