

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000120325

FILED  
Aug 31, 2004  
Secretary of State

Entity Name: JAMJAX INC

**Current Principal Place of Business:**

1704 MONTCLAIR COVE COURT  
JACKSONVILLE, FL 32259

**New Principal Place of Business:**

5851 UNIVERSITY BLVD WEST  
JACKSONVILLE, FL 32216

**Current Mailing Address:**

1704 MONTCLAIR COVE COURT  
JACKSONVILLE, FL 32259

**New Mailing Address:**

FEI Number: 54-2136473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

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

CHIN, GAIRY O GEN MGR  
1704 MONTCLAIR COVE COURT  
JACKSONVILLE, FL 32259

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: GAIRY O. CHIN

08/31/2004

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CHIN, GAIRY  
Address: 1704 MONTCLAIR COVE COURT  
City-St-Zip: JACKSONVILLE, FL 32259

Title: D ( ) Delete  
Name: CHIN, VINCETA  
Address: 1704 MONTCLAIR COVE COURT  
City-St-Zip: JACKSONVILLE, FL 32259

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: GAIRY O. CHIN

D

08/31/2004

Electronic Signature of Signing Officer or Director

Date