

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000056318

FILED
Apr 28, 2004
Secretary of State

Entity Name: JAMERICAN INSURANCE AGENCY, INC.

Current Principal Place of Business:

5901 W HALLANDELE BCH BLVD
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

5901 W HALLANDELE BCH BLVD
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 65-0845525

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENRY, SANDRA
2655 PINE TREE DR
MIRAMAR, FL 33023

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DSTP () Delete
Name: HENRY, SANDRA
Address: 2655 PINETREE DR
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: BEADLE-DESOUZA, JOYCE
Address: 2655 PINETREE DR.
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DSTP (X) Change () Addition
Name: BEADLE- HENRY, SANDRA M
Address: 2655 PINETREE DR
City-St-Zip: MIRAMAR, FL 33023

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: SANDRA BEADLE-HENRY

PRES

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date