

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Oct 18, 2007  
Secretary of State**

DOCUMENT# P98000056318

Entity Name: JAMERICAN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5901 W HALLANDALE BCH BLVD  
WEST PARK, FL 33023

**New Principal Place of Business:**

5807 W HALLANDALE BCH BLVD  
WEST PARK, FL 33023

**Current Mailing Address:**

5901 W HALLANDALE BCH BLVD  
WEST PARK, FL 33023

**New Mailing Address:**

5807 W HALLANDALE BCH BLVD  
WEST PARK, FL 33023

FEI Number: 65-0845525

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BEADLE-HENRY, SANDRA  
20430 NW 9TH COURT  
MIAMI GARDENS, FL 33169 US

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

HENRY, TRAVIS  
20430 NW 9TH COURT  
MIAMI GARDENS, FL 33169 US

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: TRAVIS HENRY

10/18/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DSTP ( ) Delete  
Name: BEADLE-HENRY, SANDRA M  
Address: 20430 NW 9TH COURT  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title: DSTP (X) Change ( ) Addition  
Name: HENRY, TRAVIS M  
Address: 20430 NW 9TH COURT  
City-St-Zip: MIAMI GARDENS, FL 33169

Title: O ( ) Change (X) Addition  
Name: SANDRA, BEADLE-HENRY  
Address: 20430 NW 9TH COURT  
City-St-Zip: MIAMI GARDENS, FL 33169

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: TRAVIS HENRY

P

10/18/2007

Electronic Signature of Signing Officer or Director

Date