

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P93000088491	
1. Entity Name JASAMI, INC.	

Principal Place of Business 1615 FORUM PLACE SUITE 1B WEST PALM BEACH FL 33401 US	Mailing Address 1615 FORUM PLACE SUITE 1B WEST PALM BEACH FL 33401 US
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/07)

City & State	City & State
Zip	Country

4. FEI Number 65-0467382	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LEVY, ROBERT S 1615 FORUM PLACE SUITE 1B WEST PALM BEACH FL 33401	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

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. I am familiar with, and accept the obligations of registered agent.

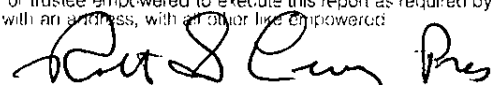
SIGNATURE _____
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when submitting.) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	PD ☐ Delete
NAME	LEVY, ROBERT S.
STREET ADDRESS	1615 FORUM PLACE, SUITE 1B
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	ST ☐ Delete
NAME	LEVY, CEIL N
STREET ADDRESS	1615 FORUM PLACE, SUITE 1B
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	AS ☐ Delete
NAME	BAKER, MARLENE
STREET ADDRESS	1615 FORUM PLACE, SUITE 1B
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	000000893746
STREET ADDRESS	04/23/08-80118-013 150.00
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
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 Section 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 changed, or on an attachment with an address, with all other line empowered.

SIGNATURE:  **4-10-08 561/ 686-6080**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR