

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002091

Entity Name: JAMAICA U.S.A. CHAMBER OF COMMERCE, INC.**Current Principal Place of Business:**4770 BISCAYNE BLVD SUITE 1050
MIAMI, FL 33137**Current Mailing Address:**4770 BISCAYNE BLVD SUITE 1050
MIAMI, FL 33137**FEI Number:** 56-2439667**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HAMILTON, JERRY DESQ
150 SE 2ND AVE-SUITE 1200
MIAMI, FL 33131 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	D
Name	MCGLASHAN, RUDDY
Address	3440 SHERIDAN STREET
City-State-Zip:	HOLLYWOOD FL 33024

Title	D
Name	GILL, MARIE R
Address	4770 BISCAYNE BLVD STE 1050
City-State-Zip:	MIAMI FL 33137

Title	D
Name	JERRY, HAMILTON D
Address	150 S.E. 2ND AVE -SUITE 1200
City-State-Zip:	MIAMI FL 33131

Title	D
Name	DAVIS, JANETTE
Address	1745 N UNIVERSITY DRIVE
City-State-Zip:	PEMBROKE PINES FL 33024

Title	D
Name	WARD, HORACE DFR.
Address	18503 NW 7TH AVENUE
City-State-Zip:	MIAMI GARDENS FL 33169

Title	DIRECTOR
Name	RHODEN, JOSEPH
Address	11206 NW 36 AVE
City-State-Zip:	MIAMI FL 33167

Title	DIRECTOR
Name	LUE, ASTON
Address	3675 NW 71 ST
City-State-Zip:	MIAMI FL 33196

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANETTE DAVIS**DIRECTOR****04/24/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date