2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# 635647

Entity Name: JAMAICA SQUARE INC.

Current Principal Place of Business:

1111 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483

New Principal Place of Business:

Current Mailing Address:

1111 NORTH OCEAN BLVD.
DELRAY BEACH, FL 33483

New Mailing Address:

FEI Number: 59-1951280 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHERER, SAMUEL B
1111 NORTH OCEAN BLVD.
GULF STREAM, FL 33483 US

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: DP ( ) Delete
Name: SHERER, SAM
Address: 1111 N. OCEAN BLVD.
City-St-Zip: GULF STREAM, FL

Title: DT ( ) Delete
Name: MORREL, GRIFFIN
Address: 1111 NORTH OCEAN BLVD #14
City-St-Zip: GULF STREAM, FL 33483

Title: D ( ) Delete
Name: REMBERT III, SAM
Address: 1111 N OCEAN BLVD #8
City-St-Zip: GULF STREAM, FL 33483

Title: DS ( ) Delete
Name: CALDWELL, BARBARA
Address: 1111 N OCEAN BLVD # 6
City-St-Zip: GULF STREAM, FL 33483

Title: D ( ) Delete
Name: GUTHRIE, NANCY
Address: 1111 N OCEAN BLVD # 7
City-St-Zip: GULF STREAM, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DT (X) Change ( ) Addition
Name: MATTHEWS, CHIP
Address: 1111 NORTH OCEAN BLVD #14
City-St-Zip: GULF STREAM, FL 33483

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

Title: DS (X) Change ( ) Addition
Name: GUTHRIE, NANCY
Address: 1111 N OCEAN BLVD # 6
City-St-Zip: GULF STREAM, FL 33483

Title: D (X) Change ( ) Addition
Name: MORREL, SANDY
Address: 1111 N OCEAN BLVD # 7
City-St-Zip: GULF STREAM, FL 33483

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: NANCY GUTHRIE DS 04/08/2009

Electronic Signature of Signing Officer or Director — Date