2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State
03-12-2004 90032 027 ****74.90

DOCUMENT # 751481

1. Entity Name

JAMI ALL SELAM, INC.

Principal Place of Business	Mailing Address
225 N FT. HARRISON AVE CLEARWATER FL 33755 US	225 N FT. HARRISON AVE CLEARWATER FL 33755 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2018523 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TZEKAS, RAIM 255 BAYSIDE DRIVE CLEARWATER BEACH FL 33767	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ISMET, GJELOSHI 113 14TH STREET BELLAIR BCH BELLEAIR BEACH FL 33786	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TZEKAS, RAM 4301 BRIGHDOON DR. CLW CLEARWATER FL 33759	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD AZIZ SACIPOVIC 3401 BRIGADOON DR CLW. FL. 33759 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD SPAHIU, ISUF 104 ORION AVE CLW CLEARWATER FL 33765	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BALLA, SHEMZI 215 BAYSIDE DR CLEARWATER FL 33755	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHEMSHEDIN, MYNYR 1245 BLAIRRUSH DR TARPON SPG FL 34687	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MITAT IORIZI 510 ISLAND WAY CLW. FL. 33767 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DULE, VEIS 1259 BLU CT PALM HARBOR FL 34683	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NAIM ABOULAI 2100 McCNEY Rd CLW. FL. 33675 ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/12/04 (727)743-3112

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #