

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763606

FILED
Apr 21, 2008
Secretary of State

Entity Name: JAMAICAN FOLK REVUE INC.

Current Principal Place of Business:

C/O SHEILA MILLER
17621 NW 14TH AVE
MIAMI, FL 33169 US

New Principal Place of Business:

Current Mailing Address:

C/O SHEILA MILLER
17621 NW 14TH AVE
MIAMI, FL 33169 US

New Mailing Address:

FEI Number: 59-2237737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, SHEILA E
17621 NW 14TH AVE
MIAMI, FL 33169 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALLEN, VINCENT
Address: 907 NE 199 STREET #103
City-St-Zip: MIAMI, FL 33179

Title: PD () Delete
Name: DARBY, NORMA
Address: 8710 SW 190 ST
City-St-Zip: MIAMI, FL

Title: VD () Delete
Name: MILLER, SHEILA
Address: 17621 NW 14 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: T () Delete
Name: MINTO, LEONA
Address: 1340 NE 145TH STREET
City-St-Zip: NORTH MIAMI, FL 33161

Title: SD () Delete
Name: MCNEILL, CLAUDETTE
Address: 18941 NW 10 AVENUE
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: MCBEAN, HYACINTH
Address: 7805 W. INDIGO STREET
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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

SIGNATURE: DARBY NORMA

PD

04/21/2008

Electronic Signature of Signing Officer or Director

Date