

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F04000003186

1. Entity Name  
PROMOTIONAL CONCEPTS LIMITED-JAMAICA, INC.



FILED

05 MAY -6 AM 8:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
SHORTWOOD PROFESSIONAL CENTRE  
40 SHORTWOOD ROAD #17  
KINGSTON 8, JAMAICA, OC

Mailing Address  
SHORTWOOD PROFESSIONAL CENTRE  
40 SHORTWOOD ROAD #17  
KINGSTON 8, JAMAICA, OC

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04282005 Chg-P CR2E034 (10/03)

4. FEI Number

98-0428674

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

FERREIRO, JOSE R JR  
7911 N.W. 72 AVENUE STE. 223-A  
MEDLEY, FL 33166

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: JOSE R FERREIRO, Jr.

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/05

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CP  
HUTCHINSON, DESMOND B  
56A NORBROOK ROAD  
KINGSTON 8, JAMAICA, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VCVP  
STRACHAN, CHERYL  
9 HILLVIEW WAY  
KINGSTON 8 JAMAICA, ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition  
700054672497  
05/17/05--01028--018 \*\*150.00

TITLE  
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☐ 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 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 like empowered.

SIGNATURE: JOSE R FERREIRO, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/05