


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2008 8:00 am**  
**Secretary of State**

04-22-2008 90018 037 \*\*\*150.00

**DOCUMENT # F96000006704**

1. Entity Name  
**JAMAICA NATIONAL BUILDING SOCIETY CORPORATION**



Principal Place of Business  
**5039 N. STATE ROAD 7  
TAMARAC, FL 33319 US**

Mailing Address  
**5039 N. STATE ROAD 7  
TAMARAC, FL 33319 US**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country



02272008 Chg-P CR2E034 (12/06)

4. FEI Number  
**38-3667685**

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent  
**MITCHELL, LEON  
5039 N. STATE RD. 7  
TAMARAC, FL 33319**

7. Name and Address of New Registered Agent  
Name **NRAI SERVICES, INC.**  
Street Address (P.O. Box Number is Not Acceptable) **2731 EXECUTIVE PARK DRIVE**  
**SUITE 4**  
City **WESTON** FL Zip Code **33331**

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. **NRAI Services, Inc.**

SIGNATURE *Christian Eubanks* **Christian Eubanks, Assistant Secretary** *March 12, 2008*  
Signature, type or printed name of registered agent, and date if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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	PD JARRETT, EARL W 2-4 CONSTANT SPRING ROAD KINGSTON, JAMAICA, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, HENRY A.A.P. 6 CORNER LANE, MONTEGO BAY ST. JAMES, JAMAICA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT GENERAL MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CARLTON BARCLAY 2-4 CONSTANT SPRING ROAD KINGSTON 10, JAMAICA
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, CLARENCE T 2-4 CONSTANT SPRINGS ROAD KINGSTON 10, jamaica <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT GENERAL MANAGER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition WENDELL SMITH 2-4 CONSTANT SPRING ROAD KINGSTON 10, JAMAICA
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE: *Christian Eubanks* **APR 22, 2008** **876-926-8087**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #