
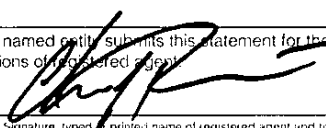
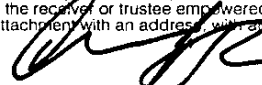


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90082 044 ***150.00

DOCUMENT # G25908 1. Entity Name AMJAC, INC.																													
Principal Place of Business 1940 NE FIFTH AVE. BOCA RATON, FL 33431			Mailing Address 1940 NE FIFTH AVE. BOCA RATON, FL 33431																										
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																											
6. Name and Address of Current Registered Agent ROSSI, ANDIMO JR. 858 SW 17TH STREET BOCA RATON, FL 33486				7. Name and Address of New Registered Agent Name CHRISTOPHER ROSSI Street Address (P.O. Box Number is Not Acceptable) 149 NW 70TH STREET #209 City BOCA RATON FL Zip Code 33487																									
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  CHRISTOPHER ROSSI, REGISTERED AGENT 01/23/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">S</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>ROSSI, CHRISTOPHER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>149 NW 70TH STREET #209</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BOCA RATON, FL 33487</td> <td></td> </tr> </table>			TITLE	S	<input type="checkbox"/> Delete	NAME	ROSSI, CHRISTOPHER		STREET ADDRESS	149 NW 70TH STREET #209		CITY-ST-ZIP	BOCA RATON, FL 33487		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;"></td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: 		CHRISTOPHER ROSSI		01/23/2007 561-391-7954																									
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>																									