

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H12601

Entity Name: DE JAMAICAN SHOP, INC.

FILED
Feb 26, 2009
Secretary of State

Current Principal Place of Business:

C/O PAMELA FORSYTHE
4200 NW 12TH ST.
FT. LAUDERDALE, FL 333132608

New Principal Place of Business:

Current Mailing Address:

C/O PAMELA FORSYTHE
4200 NW 12TH ST.
FT. LAUDERDALE, FL 333132608

New Mailing Address:

FEI Number: 59-2514105

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FORSYTHE, PAMELA
4200 NW 12TH ST.
FT. LAUDERDALE, FL 33313 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: FORSYTHE, PAMELA
Address: 4200 NW 12TH ST.
City-St-Zip: FT. LAUDERDALE, FL

Title: AV () Delete
Name: FORSYTHE, BRIAN
Address: 4200 NW 12TH ST.
City-St-Zip: FT. LAUDERDALE, FL

Title: S () Delete
Name: FORSYTHE, MICHELLE
Address: 4200 NW 12TH ST.
City-St-Zip: FT. LAUDERDALE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: FORSYTHE, PAMELA
Address: 4200 NW 12TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33313

Title: AV (X) Change () Addition
Name: FORSYTHE, BRIAN
Address: 4200 NW 12TH ST.
City-St-Zip: FT. LAUDERDALE, FL

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

SIGNATURE: BRYAN FORSYTHE

AV

02/26/2009

Electronic Signature of Signing Officer or Director

_____ Date