


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90044 030 ***158.75

DOCUMENT # K14546 1. Entity Name JA-MAR LASER INDUSTRIES, INC.					
Principal Place of Business 3500 HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023 US			Mailing Address 3500 W HALLANDALE BEACH BLVD PEMBROKE PARK, FL 33023 US		
2. Principal Place of Business 5906 Pembroke Road Suite, Apt. #, etc. _____			3. Mailing Address 5906 Pembroke Road Suite, Apt. #, etc. _____		
City & State Hollywood, Florida			City & State Hollywood, Florida		
Zip 33023		Country US		4. FEI Number 65-0027075	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAVALLARO, JAMES V., JR. 3500 W. HALLANDALE BCH BLVD PEMBROKE PARK, FL 33023			7. Name and Address of New Registered Agent Name CAVALLARO, James V., Jr. Street Address (P.O. Box Number is Not Acceptable) 5906 Pembroke Road City Hollywood FL Zip Code 33024		
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 <u><i>James V. Cavallaro</i></u> DATE <u>02-21-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAVALLARO, JAMES V., JR. 4805 GARFIELD ST. HOLLYWOOD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAVALLARO, JANET 4805 GARFIELD ST. HOLLYWOOD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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: <u><i>James V. Cavallaro</i></u> President DATE <u>02-21-05</u> DAYTIME PHONE # <u>9549613233</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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