2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031099

1. Entity Name: Jacmar Enterprises, LLC

FILED
03 JUN 20 PM 1:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900021175229
06/27/03--01039--025 **55.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
14211 Commerce Way Miami Lakes, Fl. 33016.	Same as Above

2. Principal Place of Business		3. Mailing Address	
2030 South Ocean Dr		2030 South Ocean Dr.	
Suite, Apt. #, etc.: 402		Suite, Apt. #, etc.: 402	
City & State: Hallandale, Fl.		City & State: Hallandale, Fl.	
Zip: 33009	Country: USA	Zip: 33009	Country: USA

4. FEI Number: Applied for — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

Kramer & Bassner, P.A.
7700 North Kendall Drive #510
Miami, Fl. 33156

7. Name and Address of New Registered Agent

Name: Mario X. Balda
Street Address (P.O. Box Number is Not Acceptable): 2030 South Ocean Dr. # 402
City: Hallandale FL. Zip Code: 33009

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.

SIGNATURE: _______________ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 6/16/03

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE: Manager NAME: Mario X. Balda STREET ADDRESS: 2030 South Ocean Dr # 402 CITY-ST-ZIP: Hallandale, Fl. 33009.	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	[ ] Change [ ] Addition
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _______________ 6/16/03 (954) 454-5767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #