2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006
Secretary of State

DOCUMENT# L04000007256

Entity Name: JAMAX, LLC

Current Principal Place of Business:

801 NE 18TH AVE. #3
FT. LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

45 MAGNOLIA PLACE
WAYNE, NJ 07470

New Mailing Address:

FEI Number: 20-0730165 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DENOBLE, ANNA
Address: 45 MAGNOLIA PLACE
City-St-Zip: WAYNE, NJ 07470

Title: MGRM ( ) Delete
Name: DENOBLE, JOHN A JR.
Address: 45 MAGNOLIA PLACE
City-St-Zip: WAYNE, NJ 07470

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: HERMAN, BETTY
Address: 2921 NE 55TH PL
City-St-Zip: FT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN DE NOBLE MGRM 07/13/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date