

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002091

FILED  
Jul 18, 2008  
Secretary of State

**Entity Name:** JAMAICA U.S.A. CHAMBER OF COMMERCE, INC.

**Current Principal Place of Business:**

4770 BISCAYNE BLVD SUITE 1050  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4770 BISCAYNE BLVD SUITE 1050  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 56-2439667      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HILL, MARLON A ESQ  
200 S BISCAYNE BLVD SUITE 2680  
MIAMI, FL 33131      US

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

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: RUSSELL, BARRINGTON A  
Address: 4510 INVERRARY BLVD  
City-St-Zip: FT LAUDERDALE, FL 33319

Title: D      ( ) Delete  
Name: BERNARD, BASIL  
Address: 7050 W SR 84 - STE 16  
City-St-Zip: FT LAUDERDALE, FL 33317

Title: D      ( ) Delete  
Name: GILL, MARIE R  
Address: 4770 BISCAYNE BLVD STE 1050  
City-St-Zip: MIAMI, FL 33137

Title: D      ( ) Delete  
Name: HILL, MARLON A ESQ  
Address: 200 S BISCAYNE BLVD STE 2680  
City-St-Zip: MIAMI, FL 33131

Title: D      ( ) Delete  
Name: DONALDSON, DERWENT  
Address: 4812 W COMMERCIAL BLVD  
City-St-Zip: TAMARAC, FL 33319

Title: D      ( ) Delete  
Name: EDWARDS, OWEN  
Address: 4253 SW 71 AVENUE  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

SIGNATURE: MARIE R. GILL

PRE.

07/18/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date