

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002091

FILED
Apr 30, 2009
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)

Name and Address of Current Registered Agent:

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

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

DIR

04/30/2009

Electronic Signature of Signing Officer or Director

Date