

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001757

FILED
Apr 30, 2009
Secretary of State

Entity Name: JAH LOVE ARTS, INC.

Current Principal Place of Business:

3808 GREENWOOD AVE
WEST PALM BEACH, FL 33402

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 795
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 20-2264230

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, CASSANDRA D
3808 GREENWOOD AVE
WEST PALM BEACH, FL 33407 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: BROWN, CASSANDRA D
Address: 3808 GREENWOOD AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: TSD () Delete
Name: JAMES, AFRICA
Address: 1121 W 27TH STREET
City-St-Zip: RIVIERA BEACH, FL 33407

Title: DC () Delete
Name: JAMES, ELIJAH
Address: 3808 GREENWOOD AVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR () Delete
Name: JAMES, IYATA
Address: 3808 GREENWOOD AVE
City-St-Zip: WEST PALM BEACH, FL 33407

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:

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: MS. CASSANDRA D. BROWN

DIRE

04/30/2009

Electronic Signature of Signing Officer or Director

Date