2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 22, 2008 8:00 am
Secretary of State

04-25-2008 90112 016 ****61.25

DOCUMENT # N07000009872

1. Entity Name

JAMAICAN-AMERICAN BAR ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2655 LEJEUNE ROAD PENTHOUSE 1D-3 CORAL GABLES FL 33134	2655 LEJEUNE ROAD PENTHOUSE 1D-3 CORAL GABLES FL 33134

1st MOORE CR2E037 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 38-3779079 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAMES, DON D.G.
2655 LEJEUNE ROAD
PENTHOUSE 1D-3
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST JAMES, DON 2655 LEJEUNE ROAD CORAL GABLES FL 33134	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/8/08 305-441-6666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
66011315
#N07000009872

LAW OFFICE OF DON D. G. JAMES, P.A.

Gables International Plaza
2655 Lejeune Road, Penthouse 1-D
Coral Gables, Florida 33134
Telephone (305) 441-6666
Facsimile: (305) 441-2552

May 19, 2008

Secretary of State, Florida
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302

Dear Sirs:

Enclosed, please find Annual Report for Jamaican-American Bar Association, Inc., with the Federal Employer Identification number, properly recorded thereon, as requested in your letter (enclosed).

Kindly forward to our office, the official certificate of filing and any other relevant documents concerning this matter.

Thank you for your professional assistance and please feel free to call our office if you have any questions.

Sincerely,

Don D. G. James, Esquire

DJ / jm