

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13804

FILED  
Mar 17, 2011  
Secretary of State

Entity Name: JAMAICAN AMERICAN CORPORATION

## Current Principal Place of Business:

5 BEVERLY DRIVE  
KINGSTON 6, JAMAICA, WEST INDIES  
WEST INDIES, XX 123456789 XX

## New Principal Place of Business:

C/O JAMES H. CHISHOLM  
5 BEVERLY DRIVE  
KINGSTON 6, JAMAICA, W.I., XX XXXXXXXXXX JA

## Current Mailing Address:

JAMES H. CHISHOLM  
5 BEVERLY DRIVE, KINGSTON 6, JAMAICA  
JAMAICA, XX 123456789 XX

## New Mailing Address:

C/O JAMES H. CHISHOLM  
5 BEVERLY DRIVE, P.O. BOX 457  
KINGSTON 6, JAMAICA, W.I., XX XXXXXXXXXX JA

FEI Number: 59-2706862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHISHOLM, JAMES H  
5632 HAYES STREET  
HOLLYWOOD, FL 33021 US

## Name and Address of New Registered Agent:

CHISHOLM, JAMES H  
24 WEST 10TH STREET  
JACKSONVILLE, FL 32206 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:

03/17/2011

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD  
Name: CHISHOLM, JAMES H  
Address: 5 BEVERLY DRIVE, P.O. BOX 457  
City-St-Zip: KINGSTON 6, JAMAICA, W.I., XX XXXXXXXXXX JA

Title: D  
Name: CHISHOLM, MARCIA A  
Address: 5 BEVERLY DRIVE, P.O. BOX 457  
City-St-Zip: KINGSTON 6, JAMAICA, W.I., XX XXXXXXXXXX JA

Title: D  
Name: CHISHOLM, JACQUELINE E  
Address: 5 BEVERLY DRIVE, P.O. BOX 457  
City-St-Zip: KINGSTON 6, JAMAICA, W.I., XX XXXXXXXXXX JA

Title: D  
Name: CHISHOLM, JUNE A  
Address: 5 BEVERLY DRIVE, P.O. BOX 457  
City-St-Zip: KINGSTON 6, JAMAICA, W.I., XX XXXXXXXXXX JA

I hereby 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 all other like empowered.

SIGNATURE: JAMES H. CHISHOLM

PD

03/17/2011

Electronic Signature of Signing Officer or Director

Date