

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000071411

FILED
May 22, 2006
Secretary of State

Entity Name: JAMAICA HOUSE RESTAURANT, INC.

Current Principal Place of Business:

19555 N.W. 2ND AVENUE
MIAMI, FL 33169

New Principal Place of Business:

Current Mailing Address:

ANTONY AMOS
3230 SW 64TH TER
MIRAMAR, FL 33023

New Mailing Address:

FEI Number: 65-1029280

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMOS, ANTHONY
3230 SW 64TH TERRACE
MIRAMAR, FL 33023 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: AMOS, ANTHONY
Address: 3230 SW 64TH TERRACE
City-St-Zip: MIRAMAR, FL 33023

Title: D () Delete
Name: AMOS, HORTENSE
Address: 3230 SW 64TH TERRACE
City-St-Zip: MIRAMAR, FL 33023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

SIGNATURE: HORTENSE AMOS

D

05/22/2006

Electronic Signature of Signing Officer or Director

_____ Date