

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P00000071411

FILED
Aug 14, 2009
Secretary of State**Entity Name:** JAMAICA HOUSE RESTAURANT, INC.**Current Principal Place of Business:**19555 NW 2ND AVENUE
MIAMI GARDENS, FL 33169**New Principal Place of Business:****Current Mailing Address:**ANTHONY AMOS
20150 NE 3RD COURT, UNIT 6
NORTH MIAMI BEACH, FL 33179**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
20150 NE 3RD COURT, UNIT 6
NORTH MIAMI BEACH, FL 33179 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:** P () Delete
Name: AMOS, ANTHONY
Address: 20150 NE 3RD COURT, UNIT 6
City-St-Zip: MIAMI, FL 33179**Title:** VP (X) Delete
Name: AMOS, HORTENSE
Address: 3230 SW 64 TERRACE
City-St-Zip: MIRAMAR, FL 33023**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** DP (X) Change () Addition
Name: AMOS, ANTHONY
Address: 20150 NE 3RD COURT, UNIT 6
City-St-Zip: MIAMI, FL 33179**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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY AMOS

DP

08/14/2009

Electronic Signature of Signing Officer or Director_____
Date