FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED May 16, 2007 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # 1. Entity Name	# P0000072389)		05-16-2007 90015 018 *	**150.00				
JAH LOVE CARIBBEAN RESTAURANT, INC									
	OT WRITE		PA	GE :	- 0.0%	-			
2. Principal Place of Business 1700 MAIN STREET		3. Mailing Address		40114335					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State KISSIMMEE, FL		City & State			4. FEI Number 59-3659699	Applied For Not Applicable			
Zip 34744-3315	Country	Zip	Co	ountry	5. Certificate of Status Desired	\$8.75 Additional Fee Required			
				7. Nan	ne and Address of Current Regist	• • • • • • • • • • • • • • • • • • • •			
				Name LEROY ANDREW, JR					
DO NOT WRITE IN THIS SPACE				Street Addr	treet Address (P.O. Box Number is Not Acceptable) N MAIN STREET				
				City KISSIMMEE	FL	Zip Code 34744			
8. The above named	entity submits this sta	tement for the purpos	e of ch	anging its regis	stered office or registered agent, or				
ļ	am familiar with, and a	accept the obligations	of regis	stered agent.					
SIGNATURESignatu	up, pred or printed name of	registered agent and title if a	pplicable	. (NOTE: Regist	tered Agent signature required when reinstating	g) DATE			
January 1: May 11 Fee is \$150.00 After May 11 Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State					9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.		ND DIRECTORS	11.		nianz zroczarstiort zoliozekożnicznie	MARKAN BERTANDI SANSIMI			
NAME	LEROY ANDREW, JI		NA NA	ME E L					
STREET ADDRESS CITY-ST-ZIP	1700 N MAIN STREE KISSIMMEE, FLORIE			REET ADDRESS					
TITLE	THOUSING TO THE	<u> </u>		LE TOTAL	ENDER BEGEFFEREN FEGETSFELLEN STERREN FEREN FERE				
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TITLE NAME		-	TO ALMIA	LE ME					
STREET ADDRESS CITY-ST-ZIP				REET ADDRESS					
12. I hereby certify that t	the information supplied i	with this filing does not qu	ualify for	r the exemption s	stated in Section 119.07(3)(i), Florida Sta	itutes. 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 eath; 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 fame appears in Block 10 or on an attachment with an address, with all other like empowered.									
SIGNATURE:									
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #									

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name	P0000007238	9),							
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JAH LOVE CARIBBEA	N RESTAURANT, IN	ATTACHMENT							
DO N	OT WRITE								
2. Principal Place of Business		3. Mailing Address		40114 235)				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State KISSIMMEE, FL		City & State		4. FEI Number 59-3659699	Applied For Not Applicable				
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional				
34744-3315				l	Fee Required				
			Name LEROY ANDF		<u> </u>				
DO NOT WRITE			Street Add	Address (P.O. Box Number is Not Acceptable)					
]	NTHISSP	AGE	1700 N MAIN	SIREEI					
			City		Zip Code				
8 The above parred	entity submits this st	tomant for the number	KISSIMMEE	stered office or registered agent, or	34744				
State of Florida. I	am familiar with, and	accept the obligations	se or changing its region of registered agent.	stered office or registered agent, or	both, in the				
SIGNATURE Signature	ire typed or printed name of	registered agent and title if a	annlinable /NOTE Regis	tered Agent signature required when reinstating	a) DATE				
January 1	- May 1 Fee is \$150.0		applicable. (NOTE. Neglis						
Amen	ay 1. Fee is \$550.00 ded UBR is \$61.25			S. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees				
Make Check Payable		ent of State ND DIRECTORS	11.						
TITLE NAME	PRESIDENT LEROY ANDREW, J		TITLE NAME						
STREET ADDRESS	1700 N MAIN STREE	ET	STREET-ADDRES	S .					
CITY-ST-ZIP TITLE	KISSIMMEE, FLORII	DA 34744	CITY-ST-ZIP						
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NAME STREET ADDRESS			NAME STREET ADDRES	S Comment					
CITY-ST-ZIP TITLE	<u> </u>	· ·	CITY-ST-ZIP						
NAME		•	NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRES						
12. I hereby certify that t			ualify for the exemption :	stated in Section 119.07(3)(i), Florida Sta					
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