

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

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90108 024 ***150.00

DOCUMENT # P00000074099	
1. Entity Name	
Jamin Enterprises Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1212 E Silverstar Road	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

50028877

DO NOT WRITE IN THIS SPACE

City & State Ocoee, FL	City & State	4. FEI Number 59-3668657	Applied For Not Applicable
Zip 34761	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current 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

January 1 - May 1 Fee is \$150.00
After May 1, 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 Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11.	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
	Amin	1212 E Silverstar Road	Ocoee, FL, 34761		
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Tshwan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/05

Date

Daytime Phone #