9/15/2003-90150-047-\$550.00-\$550.00

2003 FOR PROFIT CORPORATION

	ILOUM BOSIVE	-33 NEPUN	- 14	JPN)		and pro-				
DOCUMENT # P01000025515						<b>,</b>				
J.A.M. OF PALM BEACH COUNTY, INC.					03 SEP	22 AM 9:3	7		•	
Principal Plac	Co of Rusiness	Mailing Address	O3 SEP 22 AM 9: 37  SECRETARY OF STATE TALLAHASSEE. FLORIDA  SERBALE FL 33301  Gress  #, etc.   CHECK HERE IF MAKING CHANG  # Country   S. Certificate of Status Desired   S8.75 Fee Req  A. FEI Number PA - 3718124   S8.75 Fee Req  TALLAHASSEE. FLORIDA  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  SUITE ZOC  City FOXT Landerdale   FL   Zip 0  City FOXT Landerdale   FL   Zip 0  City FOXT Landerdale   FL   Zip 0  ONOTE Registered office or registered agent, or both, in the State of Florida. I am familiar we have supported when remarking)  9. Election Campaign Financing   \$1 Trust Fund Contribution.   Address IPO Acceptable   Address							
Principal Place of Business Mailing Address 1700 EAST LAS OLAS BLVD. 1700 EAST LAS OLAS BLVD.			LVD.		TALLAH	ASSEE, FLOR	אטו			
SUITE 206 SUITE 206 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 3330			***	•						
		FORT LAUDERDALE FL 3	3301							
2. Principal Place of Business 3. Mailing Address					1 (61)	UU) III OOTO! ELUAN MUHE UUTA	DOTAL BUTTO SENT	, Bilbi aliĝi	1(48) 8(1) (84)	
Suite, Apt.	Suite, Apt. #, etc.	ite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES 13					
City & Stal	te	City & State			4. FEI Number 9 - 3718124 Applied For Not Applicable					
Zlp Country		Zip Country		try			□ \$8	.75 Add	ditional	
6. Name and Address of Current Registered Agent				— / , .	7. Name and	Address of New Re				
	- مسلومات و سيريب			Name -M &	~ XC:(	[ONV] - 3				
KORN, GARY LEOPOLD, KORNS&LEOPOLD, P.A.				Street Address (P.O. Box Number is Not Acceptable)					<del></del>	
20801 BISCAYNE BLVD.										
AVENTURA FL				21.		cdala	FI	Zip Cod	ا دو	
8. The above	named entity submits this statement for	or the purpose of chariging its	registere				1	<u>ڪ</u> iliar with.	and accept	
the obligat	tions of registered agent		-	-	•				·	
SIGNATURE .	Signature, typed of printed name of registered agent	Bryl (tile if Brodinable / NOTE	Benisterer	1 About signature require	ard urban reinstanting)	· 	<u> </u>	<u> </u>		
F	ILE NOWN FEE IS \$550.00							—		
After September 10, 2003 Fee will be \$750.00  Make Check Palable to Florida Department of State							ncing		O May Be to Fees	
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TREET ADDRESS			STREET	T ADDRESS						
TY-ST-ZIP	artify that the information our all a	Kin tiling dags and a self to	CITY			V Electric October 1				
2. Thereby certify that the information supplied with his 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 suppliemental report is true 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 tribuse employed by security this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.										
changed, or on an attachment with an address, with all other like empowered.										
SIGNATURE: X SALVANGIUE REQUIRED 9903 954-763-4583								-4583		
SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR						Date	Daytime	Phone #		