

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90447 005 ***150.00

DOCUMENT # P01000034877					
1. Entity Name JIGMI ENTERPRISES, INC.					
Principal Place of Business 861 YAMATO ROAD BOCA RATON FL 33431			Mailing Address 861 YAMATO ROAD BOCA RATON FL 33431		
2. Principal Place of Business BOCA RATON, FLORIDA		3. Mailing Address AS ABOVE (861 YAMATO ROAD)			
Suite, Apt. #, etc. # 2		Suite, Apt. #, etc.			
City & State BOCA RATON		City & State FLORIDA		4. FEI Number 65-1101039	
Zip 33431		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMA, PEMBA 1714 SAWGRASS CIRCLE WEST PALM BEACH FL 33413			7. Name and Address of New Registered Agent Name: SAME AS ABOVE Street Address (P.O. Box Number is Not Acceptable): AS ABOVE City: SAME AS ABOVE FL Zip Code: 33431		
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: <i>Pemba Lama</i> PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD <input type="checkbox"/> Delete NAME LAMA, PEMBA STREET ADDRESS 1714 SAWGRASS CIRCLE CITY-ST-ZIP WEST PALM BEACH FL 33413	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
TITLE VD <input type="checkbox"/> Delete NAME LAMA, KAMALA STREET ADDRESS 1714 SAWGRASS CIRCLE CITY-ST-ZIP WEST PALM BEACH FL 33413	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP				
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Pemba Lama</i> (PEMBA LAMA)			Date: 04/23/05 (561) 998 2666		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					