


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90408 037 \*\*\*150.00

<b>DOCUMENT # P01000041322</b>	
1. Entity Name <b>JARMIC, INC.</b>	

Principal Place of Business <b>3015 FLORIDA BLVD DELRAY BEACH, FL 33483</b>	Mailing Address <b>3015 FLORIDA BLVD DELRAY BEACH, FL 33483</b>
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**94079864**

2. Principal Place of Business <b>2195 NW 14th St.</b>	3. Mailing Address <b>2195 NW 14th St.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



04272004 Chg-P CR2E034 (10/03)

City & State <b>Delray Beach FL</b>	City & State <b>Delray Beach FL</b>
Zip <b>33445</b>	Zip <b>33445</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>65-1095966</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SERCHAY, ALLAN 3015 FLORIDA BLVD DELRAY BEACH, FL 33483</b>	
7. Name and Address of New Registered Agent Name <b>Allan Serchay</b> Street Address (P.O. Box Number is Not Acceptable) <b>2195 NW 14th St.</b> City <b>Delray Beach</b> FL Zip Code <b>33445</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WHITE, LORI 3015 FLORIDA BLVD DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Lori White 2195 NW 14th St Delray Beach, FL 33445</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lori M White 4/29/04 561-926-0054  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #