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

FILED Sep 17, 2002 8:00 am Secretary of State 09-17-2002 90092 040 ***550.00

DOCUI	MENT •	# <i>P0100</i>	00900	264					
Jamer International Investment, Corp.						B0138859			
	DO N	IOT WRITE	E IN THIS	S SPAC	E				
2. Principal P 6291 Bah			3. Mailing Address P.O. Box 41394						
Suite, Apt. #208	#, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State St. Peter	e sburg, Fl	Y	City & State St. Petersburg, FL			4. FEI Number 65-1:137610	40.75	Applied For Not Applicable	
33715		Country USA	33743	Coun		5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent			
	واستاملت الإ				-Namo Juliana Arroyave				
DO NOT WRITE					Street Address (P.O. Box Number is Not Acceptable)				
		N THIS SI	PACE	CE		6291 Bahia del Mar Circle #208			
					City St. Pete	ersburg		Code 715	
8. The above	named entit	y submits this statement f	or the purpose of ch	anging its register	ed office or regist	ered agent, or both, in the State of Florida	a.		
SIGNATURE .	تليك	ana tu	y-cre				2003E		
	Sitrature, typed	d or printed name of a gestered agen	7	(NOTE: Registere	d Agont signatule requir	ed when reinstating)	DATE		
Tax filing r		pible to satisfy its Intangible and elects to do so.	, A	fter May.1, Fee i Amended UBR i	s \$550.00 s \$61.25	10. Election Campaign Financ Trust Fund Contribution.	Ā	5.00 May Be dded to Fees	
11.		OFFICERS AND		ck Payable to De	epartinent of at	ate			
TITLE NAME	President - Juliana Arroyave			TITLE NAME			٠.,	19,01	
STREET ADDRESS	ı	ahia del Mar Circle ersburg, FL 33715		\$208 STRI		· .		, appe	
THILE	Vice President - Sandra Arroyave				E .			CBOE	
NAME STREET ADDRESS	6291 Ba	ahia del Mar Circle	#208	NAM STRE	ET ADDRESS				
CITY - ST - ZiP	St. Petersburg, FL 33715				-ST-ZIP				
TITLE NAME		ry - Jaime O. Arro		TITI.I NAM					
STREET ADDRESS CITY-ST-ZIP_	1 St Deteroburg El 22715			STREET ADDRESS		DO NOT WRITE			
TITLE	Treasurer - Juliana Arroyave 6291 Bahia del Mar Circle #208 St. Petersburg, El. 33715				E	IN THIS SPACE			
NAME STREET ADDRESS					E ET ADDRESS				
CITY-ST-ZIP					-ST-ZIP				
TITLE NAME				TITE!	1				
STREET ADDRESS					ET ADDRESS - ST- ZIP				
CITY-ST-ZIP TITUE				TITU					
NAME				NAM	E				
STREET ADDRESS CITY-ST-ZIP					ET-ADDRESS -ST-ZIP				
13. I hereby of indicated of the cor	on this repo poration or t	art oc summiamental centori	is true and accurate ipowered to execute	qualify for the exe	mption stated in S	Section 119.07(3)(i), Florida Statutes. I fur a same legal effect as if made under oath 607, Florida Statutes; and that my name	i, uiati ani an vi	IICELOI GREGIO	

Dayurae Phone #