


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000090064</b>	
1. Entity Name <b>JAMER INTERNATIONAL INVESTMENT, CORP.</b>	

Principal Place of Business <b>6291 BAHIA DEL MAR CIRCLE # 208 SAINT PETERSBURG, FL 33715</b>	Mailing Address <b>6291 BAHIA DEL MAR CIRCLE # 208 SAINT PETERSBURG, FL 33715</b>
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04202004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-1137610</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**ARROYAVE, JULIANA  
6291 BAHIA DEL MAR CIRCLE  
# 208  
SAINT PETERSBURG, FL 33715**

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IN THIS SPACE**

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 *Juliana Arroyave* DATE 4/30/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

<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 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PT ARROYAVE, JULIANA 6291 BAHIA DEL MAR CIRCLE # 208 SAINT PETERSBURG, FL 33715</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V ARROYAVE, SANDRA 6291 BAHIA DEL MAR CIRCLE # 208 SAINT PETERSBURG, FL 33715</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ARROYAVE, JAIME O 6291 BAHIA DEL MAR CIRCLE # 208 SAINT PETERSBURG, FL 33715</b>
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06/07/04-80005-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Juliana Arroyave* Juliana Arroyave President 4/30/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone