

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90305 046 ***150.00

DOCUMENT # P02000030117

1. Entity Name

JAMES MAH INVESTIGATIVE SERVICES, INC.



Principal Place of Business

**5761 SW 38 CT
DAVIA FL 33314**

Mailing Address

**P.O. BOX 291978
DAVIA FL 33329-1978**

50042504



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business

5761 S.W. 38 Ct.

3. Mailing Address

P.O. Box 291978

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DAVIE FLA.

City & State

DAVIE FLA.

4. FEI Number

45-0472157

Applied For

Not Applicable

Zip

33314

Country

BROWARD

Zip

33329-1978

Country

BROWARD

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MAH, JAMES
5761 SW 38 CT**

DAVIA FL 33304

7. Name and Address of New Registered Agent

Name

JAMES MAH

Street Address (P.O. Box Number is Not Acceptable)

5761 S.W. 38 Ct.

City

DAVIE

FL

Zip Code

33314

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

James Mah
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 18, 2005

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
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **MAH, JAMES**
STREET ADDRESS **5761 SW 38 CT**
CITY-ST-ZIP **DAVIE FL 33314-2729**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

James Mah
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 18, 2005

Date

Daytime Phone #