


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**


02-28-2005 90197 038 \*\*\*150.00

<b>DOCUMENT # P02000057673</b>	
1. Entity Name <b>TASTE OF JAMAICA RESTAURANT, INC.</b>	

Principal Place of Business <b>5921 FOREST CITY ROAD ORLANDO FL 32810</b>	Mailing Address <b>5921 FOREST CITY ROAD ORLANDO FL 32810</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>5921 Forest City Rd</b> Suite, Apt. #, etc.
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City & State <b>Orlando FL</b>	City & State <b>ORLANDO FL</b>
Zip <b>32810</b>	Country <b>USA</b>

	
1st MOORE	CR2E034 (10/04)
4. FEI Number <b>48-2163771</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>CAMPBELL, SOPHIA 5254 N ORANGE BLOSSOM TRAIL #106 ORLANDO FL 32810</b>	
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7. Name and Address of New Registered Agent Name <b>SOPHIA CAMPBELL</b> Street Address (P.O. Box Number is Not Acceptable) <b>1702 Sweetwater West Circle</b> <b>Apopka</b> City <b>Apopka</b> FL Zip Code <b>32712</b>	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS CAMPBELL, SOPHIA 5254 N ORANGE BLOSSOM TRAIL #106 ORLANDO FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT CAMPBELL, SOPHIA 5254 N ORANGE BLOSSOM TRAIL #106 ORLANDO FL 32810 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: <b>Sophia Campbell</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <b>2/20/05</b> Daytime Phone #: <b>622 407-622 2400</b>