

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000057673

FILED  
Mar 25, 2007  
Secretary of State

Entity Name: TASTE OF JAMAICA RESTAURANT, INC.

## Current Principal Place of Business:

5921 FOREST CITY RD  
ORLANDO, FL 32810

## New Principal Place of Business:

6406 NORTH ORANGE BLOSSON TRAIL  
ORLANDO, FL 32810

## Current Mailing Address:

POB 1968  
APOPKA, FL 32704

## New Mailing Address:

FEI Number: 48-2163771      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAMPBELL, SOPHIA  
1702 SWEETWATER WEST CIRCLE  
APOPKA, FL 32712 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: CAMPBELL, SOPHIA  
Address: 1702 SWEET WATERS WEST CIR  
City-St-Zip: APOPKA, FL 32712

Title: VT ( ) Delete  
Name: CAMPBELL, SOPHIA  
Address: 1702 SWEETWATERS WEST CIR  
City-St-Zip: APOPKA, FL 32712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SOPHIA CAMPBELL

PS

03/25/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date