
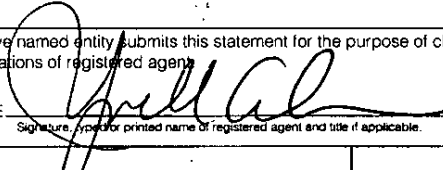
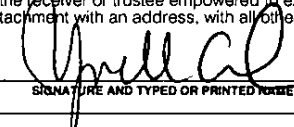


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-28-2005 90221 042 \*\*\*150.00

<b>DOCUMENT # P02000093372</b> 1. Entity Name <b>JAMS LEASING, INC.</b>											
Principal Place of Business <b>9090 SW 87 CT STE 200</b> <b>MIAMI, FL 33176</b>		Mailing Address <b>9090 SW 87 CT STE 200</b> <b>MIAMI, FL 33176</b>									
2. Principal Place of Business <b>1501 S Miami Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1365</b> Suite, Apt. #, etc.									
City & State <b>Miami FL</b> Zip <b>33129</b>		City & State <b>Key Biscayne FL</b> Zip <b>33149</b>									
Country		Country									
4. FEI Number <b>02-0639890</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>ALMEDIA, YVETTE</b> <b>9090 SW 87 CT.</b> <b>SUITE #200</b> <b>MIAMI, FL 33176</b>		7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>230 Hampton Lane</b> City <b>Key Biscayne</b> <b>FL</b> Zip Code <b>33149</b>									
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:  (NOTE: Registered Agent signature required when reinstating) DATE:											
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>PSTD</b>  <b>ALMEIDA, YVETTE</b>  <b>9090 SW 87 CT STE 200</b>  <b>MIAMI, FL 33176</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD</b> <b>ALMEIDA, YVETTE</b> <b>9090 SW 87 CT STE 200</b> <b>MIAMI, FL 33176</b>		<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <b>230 Hampton Lane</b>  <b>Key Biscayne FL 33149</b> </td> </tr> <tr> <td></td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>230 Hampton Lane</b> <b>Key Biscayne FL 33149</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Date: <b>4/28/05</b> Daytime Phone #									