1052

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
05 MAY 23 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000094483

1. Entity Name: JAMSA, INC

DO NOT WRITE IN THIS SPACE

REINSTATEMENT 04-05 MP

2. Principal Place of Business	3. Mailing Address	4. FEI Number: 05-0530632 ☐ Applied For ☐ Not Applicable
7393 SW 42nd St Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State: Miami FL	City & State	
Zip: 33155 Country: USA	Zip Country	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Luis Ivan Hernandez

Street Address (P.O. Box Number is Not Acceptable): 7393 SW 42nd St

City: Miami FL Zip Code: 33155

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 PD NAME Luis Ivan Hernandez STREET ADDRESS 7393 SW 42nd St CITY-ST-ZIP Miami FL 33155		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 on an attachment with an address, with all other like empowered.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 2004 2005 or any other notice from the Division of Corporations in respect with the Corporation, **JANSA, INC.**

Thank you for your courtesy in this matter.

LUIS IVAN HERNANDEZ
PRESIDENT