


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000126778 1. Entity Name JAMA ENTERPRISES, INC.	
--	---

Principal Place of Business 7398 LANGSTON CT. LAKE WORTH, FL 33467	Mailing Address 7398 LANGSTON CT. LAKE WORTH, FL 33467
--	--

DO NOT WRITE IN THIS SPACE



09142004 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1139348	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARZANO, ANDREA B
 7398 LANGSTON CT.
 LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARZANO, ANDREA B 7398 LANGSTON CT. LAKE WORTH, FL 33467
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD00000172339
 09/17/04-80005-014 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Andrea Marzano Andrea Marzano 09/11/04 (561) 543-7150

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