


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 29, 2004 8:00 am**  
**Secretary of State**

03-29-2004 90023 043 \*\*\*150.00

<b>DOCUMENT # P03000043884</b>	
1. Entity Name <b>JAMAICAN PALM INC.</b>	

Principal Place of Business <b>300 DARROW AVENUE MELBOURNE FL 32901</b>	Mailing Address <b>300 DARROW AVENUE MELBOURNE FL 32901</b>
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2. Principal Place of Business <b>1155 MALABAR ROAD</b> Suite, Apt. #, etc. <b>UNIT 15, INTERCHANGE Sq.</b> City & State <b>PALM BAY, FLORIDA</b> Zip <b>32907</b> Country <b>U.S.A</b>	3. Mailing Address <b>1155 MALABAR ROAD</b> Suite, Apt. #, etc. <b>UNIT 15, INTERCHANGE Sq.</b> City & State <b>PALM BAY, FLORIDA</b> Zip <b>32907</b> Country <b>U.S.A</b>
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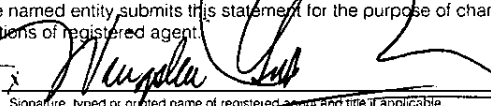


MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent <b>YEE KEE, WINGSLIN 300 DARROW AVENUE MELBOURNE FL 32901</b>	
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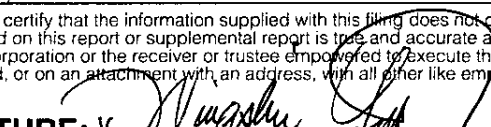
4. FEI Number <b>510466016</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

7. Name and Address of New Registered Agent Name <b>1155 MALABAR ROAD</b> Street Address (P.O. Box Number is Not Acceptable) <b>UNIT 15, INTERCHANGE SQUARE</b> City <b>PALM BAY</b> FL Zip Code <b>32907</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:  DATE: <b>3/25/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>PRESIDENT</b> <input type="checkbox"/> Delete	TITLE <b>SECRETARY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <b>YEE KEE, WINGSLIN</b> <input type="checkbox"/> Delete	TITLE <b>YEE KEE, BEVERLY</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>YEE KEE, WINGSLIN</b>	NAME <b>YEE KEE, BEVERLY</b>	STREET ADDRESS <b>1155 MALABAR ROAD, UNIT 15,</b>	STREET ADDRESS <b>1155 MALABAR RD, UNIT 15, INTERCHANGE Sq</b>
CITY-ST-ZIP <b>INTERCHANGE SQ, PALM BAY, FL 32907</b>	CITY-ST-ZIP <b>PALM BAY, FL 32907</b>		
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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NAME	NAME	NAME	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

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>WINGSLIN YEE KEE</b> DATE: <b>3/25/04</b> 321 727 1060	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	