

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2004 8:00 am
Secretary of State

02-16-2004 90067 001 ***300.00

DOCUMENT # P03000045958

1. Entity Name
JAMAICAWAY HOLDINGS CORP.



Principal Place of Business
**1500 SAN REMO AVE., STE. 177
CORAL GABLES, FL 33146**

Mailing Address
**1500 SAN REMO AVE., STE. 177
CORAL GABLES, FL 33146**

bb4U1948



2. Principal Place of Business
1500 San Remo

3. Mailing Address
1500 San Remo

Suite, Apt. #, etc.
103

Suite, Apt. #, etc.
103

City & State
CG

City & State
CG

Zip
33146

Country

Zip
33146

Country

02102004

Chg-P

CR2E034 (10/03)

4. FEI Number

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARED AND ASSOC., P.A.
1500 SAN REMO AVE., STE. 177
CORAL GABLES, FL 33146**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1500 San Remo Ave
103

City

CG

FL

Zip Code

33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D VALDEZ, TULIO**
STREET ADDRESS **1500 SAN REMO AVE., STE. 177 103**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete
NAME **D VALDEZ, ROSA L**
STREET ADDRESS **1500 SAN REMO AVE., STE. 177 103**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete
NAME **D VALDEZ, TULIO A**
STREET ADDRESS **1500 SAN REMO AVE., STE. 177 103**
CITY-ST-ZIP **CORAL GABLES, FL 33146**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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:

T. Valdez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

305 566 6600

Daytime Phone