2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Manusin

DOCUMENT # P03000104488							Feb 17, 2006 08:00 AM Secretary of State				
JAMAL C	ORPORA	TION									
Principal Plac	e of Busines	s	Mailing Address			_					
350 NW 79 ST			350 NW 79 ST						A	histor w 1477	
MIAMI FL 33	3150		MIAMI FL 33150								
2. Principal Place of Business			3. Mailing Address								
Suite. Apt. #, etc.			Suite, Apt. #, etc.			1st M	OORE 1	CR2E034	<u> </u>		
City & State			City & State	Cny & State			20-0303185		<i></i>	oplied For ot Applicate	
Złp	Zip Country		Zip Coun		ıtry	5. Certificate of	Status Desired		8.75 Add ee Require		
	6. Name	and Address of Curre	nt Registered Agent		No.	7. Name and Ad	dress of New Re	egistered A	gent		
COLBERT, KEVIN C ESQUIRE					Name						
66 \	W FLAGI MI FL 33	ER ST STE 300				Street Address (P.O. Box Number is Not Acceptable)					
								FL	Zip Cod	ła ·	
8. The above	a named enti	ly submits this statement	for the purpose of changing	its register	red office or reg	istered agent, or both, i	in the State of Flo	rida. Lam f	amiliar with	and accept	
the obligat	tions of regis	tered agent.	. 1					3 (1	/	
SIGNATURE	Signature, types	t or pration marrie of registered ag	AVNON ant and title if applicable. (N	IOTE. Regislar	ed Agent signature re	quired when reinstaling)		DATE	1-0	-	
F	ILE NOW!	!! FEE IS \$150.00	Strand Company	,-		g	Election Campa	ion Financia	no \$5	. 00 May Be	
		06 Fee Will Be \$550. o Florida Department				}	Trust Fund Con	-		ed to Fees	
10.	100 100 100		ID DIRECTORS	11.		ADDITIONS/CH	ANGES TO OFF	CERS AND	DIRECTOR	S IN 11	
TITLE	D		☐ Delete	117	,		Change A				
NAME STREET ADDRESS				NAM STRE		n:	UNDONA438565 03/01/06-80010-805 150.00			NΩ	
CHY-ST-ZIP	MIAMI FL			CIT	Y-ST-ZIP						
TITLE			☐ Celete	titi Nam	}				Change	Addillor 🔲	
MAME STREET ABORESS					REET ADDRESS						
CXTY-ST-ZIP				r)r	Y-ST-ZIP					<u> </u>	
TITLE			☐ Delete	TIT NAI	1				Change	☐ Addition	
NAME STREET ADDRESS	{			- I	RLET ADDRESS						
CITY-ST-ZIP			<u>.</u>	CIT	Y-ST-ZIP					<u> </u>	
TITLE			☐ Delete	107	,				☐ Change	Addition	
NAME STREET ADDRESS				NA/ STE	REET ADDRESS						
CHY-ST-ZPP	1			EIT	Y-S7-21P						
TITLE			Defete	511					☐ Change	Addition	
NAME STREET ADDRESS	.{			NAI STS	ME REET ADORESS						
CITY-ST-ZIP					Y-ST-ZIP						
WILE			Detete	14	l l				☐ Change	Addition	
NAME CTREET ANORESS				NA STS	ME REES ADDRESS						
STREET ADDRESS CITY-SI-ZIP	1				Y-ST-ZIP						
12. I hereby	certify that t	he information supplied	with this filing does not qual	ify for the	examptions cor	tained in Section 119, 5	Florida Statutes. I	further cer	ify that the	information	
at the co	orporation or	the receiver or trustee a	nt is true and accurate and the impowered to execute this re- ress, with all other like empo	port as rec	quired by Chap	er 607, Florida Statutes	is it made under it; and that my har	ne appears	in Block 10	or Block 11	

FILED