

2005 FOR PROFIT CORPORATION ANNUAL REPORT


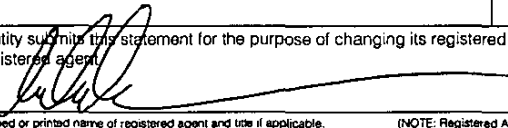
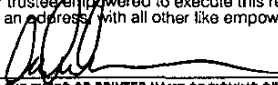
FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90293 048 ***150.00

40065703



04192005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000018076			
1. Entity Name JAMAD, INC.			
Principal Place of Business 3648 LINCON WAY COOPER CITY, FL 33026		Mailing Address 3648 LINCON WAY COOPER CITY, FL 33026	
2. Principal Place of Business 19321 SW 7th ST. Suite, Apt. #, etc.		3. Mailing Address 19321 SW 7th Street Suite, Apt. #, etc.	
City & State FORT Lauderdale Zip FL		City & State FORT Lauderdale Zip FL	
Country 33332		Country 33332	
4. FEI Number 20-0663305		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SALEH, EMAD 3648 LINCON WAY COOPER CITY, FL 33026		7. Name and Address of New Registered Agent Name: Saleh Emad Street Address (P.O. Box Number is Not Acceptable): 19321 SW 7th Street City: FT. Lauderdale FL Zip Code: 33332	
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: 04.20.2005			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ETAYEM, JAAFAR	NAME	
STREET ADDRESS	3648 LINCON WAY	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY, FL 33026	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALEH, EMAD	NAME	
STREET ADDRESS	3648 LINCON WAY	STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY, FL 33026	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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: 		DATE: 04.20.2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	