


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2006 8:00 am**  
**Secretary of State**

04-14-2006 90141 016 \*\*\*150.00

<b>DOCUMENT # P04000025287</b>	
1. Entity Name <b>JAMD, INC.</b>	

Principal Place of Business <b>6640 THORNHILL COURT BOCA RATON, FL 33433</b>	Mailing Address <b>6640 THORNHILL COURT BOCA RATON, FL 33433</b>
---	---

2. Principal Place of Business <b>1313 South Military Trail</b>	3. Mailing Address <b>1313 South Military Trail</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Deerfield Beach, FL</b>	City & State <b>Deerfield Beach, FL</b>
Zip <b>33442</b>	Country <b>Broward</b>
Zip <b>33442</b>	Country <b>Broward</b>

04112006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0701257</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent <b>GERCY, LORI 6640 THORNHILL COURT BOCA RATON, FL 33433</b>		7. Name and Address of New Registered Agent Name <b>GERCY, LORI DUITZ, RICHARD</b> Street Address (P.O. Box Number is Not Acceptable) <b>9275 FLYNN CIRCLE #8</b> City <b>BOCA RATON</b> FL Zip Code <b>33496</b>	
---	--	---	--

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 **4-11-06**  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DUITZ, RICHARD 6640 THORNHILL COURT BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DUITZ, RICHARD 9275 FLYNN CIRCLE #8 BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUITZ, SHARON 6640 THORNHILL COURT BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUITZ, SHARON 9275 FLYNN CIRCLE #8 BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUITZ, SHARON 6640 THORNHILL COURT BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUITZ, SHARON 9275 FLYNN CIRCLE #8 BOCA RATON, FL 33496 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **4/13/2006** DAYTIME PHONE # **954 360 1225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR