

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

3/2

03-29-2007 90033 042 \*\*\*150.00

**DOCUMENT # P04000147930**

1. Entity Name  
**ANTONIO JAMID PA**



Principal Place of Business      Mailing Address  
 1558 NW 159 AVENUE      1558 NW 159 AVENUE  
 PEMBROKE PINES, FL 33028 US      PEMBROKE PINES, FL 33028 US

**66008689**



2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

02282007      Chg-P      CR2E034 (12/06)

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number  
**20-1807965**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**JAMID, ANTONIO**  
 1558 NW 159 AVENUE  
 PEMBROKE PINES, FL 33028

**7. Name and Address of New Registered Agent**

Name

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

City      **FL**      Zip Code

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: *Antonio Jamid*      **Antonio Jamid - President**      **03/14/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when releasing)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	JAMID, ANTONIO	
STREET ADDRESS	1558 NW 159 AVENUE	
CITY-ST-ZIP	PEMBROKE PINES, FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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/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: *Antonio Jamid*      **03/14/07 (984)3478663**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #