

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000042571

1. Entity Name
JAMKARA INC.



Principal Place of Business
14474 SW 56TH TERR
MIAMI, FL 33183

Mailing Address
14474 SW 56TH TERR
MIAMI, FL 33183



04262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
02-0779350

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SANTIAGO, RAUL A
14474 SW 56TH TERR
MIAMI, FL 33183

**DO NOT WRITE
IN THIS SPACE**

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 re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000932916
05/22/08-80073-024 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME SANTIAGO, RAUL A
STREET ADDRESS 14474 SW 56TH TERR
CITY-ST-ZIP MIAMI, FL 33183

TITLE VT
NAME SANTIAGO, MADELEINE I
STREET ADDRESS 14474 SW 56TH TERR
CITY-ST-ZIP MIAMI, FL 33183

TITLE S
NAME SANTIAGO, VIRGINIA G
STREET ADDRESS 9010 SW 19TH STREET
CITY-ST-ZIP MIAMI, FL 33165

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2008

Date

Daytime Phone #