

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000095702

FILED
Jul 07, 2008
Secretary of State**Entity Name:** JOSAM CORPORATION & ASSOCIATES**Current Principal Place of Business:**6900 TYLER ST.
HOLLYWOOD, FL 33024**New Principal Place of Business:**3750 W 16 AVE
101
HIALEAH, FL 33012 US**Current Mailing Address:**6900 TYLER ST.
HOLLYWOOD, FL 33024**New Mailing Address:**3750 W 16 AVE
101
HIALEAH, FL 33012 US**FEI Number:** 20-3126067**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CHIMAYCO, JORGE L
6900 TYLER ST.
HOLLYWOOD, FL 33024 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CARRILLO, MARITZA M
Address: 6900 TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: D () Delete
Name: CHIMAYCO, JORGE L
Address: 6900 TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33024

Title: D () Delete
Name: HILARIO, LEIDY K
Address: URB. VILLA LIBERTAD MZ A LOTE 24
City-St-Zip: MONTEERRICO SURCO, LI 00001 LI

Title: D () Delete
Name: CHIMAYCO, OSCAR R
Address: 6900 TYLER ST.
City-St-Zip: HOLLYWOOD, FL 33024 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARITZA M CARRILLO

D

07/07/2008

Electronic Signature of Signing Officer or Director

Date