2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000153383

1. Entity Name JAMM THREE, INC.



FILED Apr 21, 2008 08:00 A Secretary of State

Principal Place of Business

2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 Mailing Address

2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065



02282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-3971370

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

RAHAEL, GEORGE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065

changed, or on an attachment with an add

SIGNATURE:

DO NOT WRITE IN THIS SPACE

4/11/08

Date

954-753-9500

Daytime Phone #

 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. Tam familiar with, and accept the obligations of registered agent. 						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered A			ered Agent signature o	required when reinstating)	DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Final Trust Fund Contribution.			~ —	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS	11 2 7 7	544 Pa 137 PR		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAHAEL, GEORGE 2900 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS RAHAEL, PAULINE 200 UNIVERSITY DRIVE POMPANO BEACH, FL 33065					-009 f58.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAHAEL, JOSEPH 2900 UNIVERSITY DRIVE POMPANO BEACH, FL 33065			DO	NOT WRIT	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE 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 or trusted on this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if						

George Rahael, President

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR