

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90047 027 ***150.00

DOCUMENT # P06000070991 1. Entity Name JAMAX INTERNATIONAL, INC.			
Principal Place of Business 10152 W. INDIANTOWN ROAD JUPITER, FL 33478		Mailing Address 10152 W. INDIANTOWN ROAD JUPITER, FL 33478	
2. Principal Place of Business - No P.O. Box # 2000 Avenue P		3. Mailing Address 	
Suite, Apt. #, etc. Suite 9		Suite, Apt. #, etc. 	
City & State Riviera Beach Florida		City & State 	
Zip 33404	Country United States	Zip 	Country
4. FEI Number 03 0593049		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDERSON, TIMOTHY K 480 MAPLEWOOD DRIVE SUITE 5 JUPITER, FL 33458		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARNETT, MARY 10152 W. INDIANTOWN ROAD JUPITER, FL 33478 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Arnett, Mary 2000 Avenue P Suite 9 Riviera Beach, FL 33404 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLUTSKY, ARNOLD 433 SWANS MILL CROSSING RALEIGH, NC 27614 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Slutsky, Arnold 2000 Avenue P Suite 9 Riviera Beach FL 33404 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <u>Mary Arnett</u> vice president		3-16-07 561-743-2155	