


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90196 019 ***150.00

DOCUMENT # P06000088395					
1. Entity Name JAM ROCK CARIBBEAN CAFE, INC.					
Principal Place of Business 5770 WEST HWY 192 SUITE 144 KISSIMMEE, FL 34746			Mailing Address 1741 QUAIL RIDGE LOOP KISSIMMEE, FL 34744		
2. Principal Place of Business - No P.O. Box # 5770 W. Irlo Bronson Memorial		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. Highway Suite 144		Suite, Apt. #, etc.			
City & State KISSIMMEE FL		City & State			
Zip 34746		Country USA		4. FEI Number 20-5131681	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent ALM & ASSOCIATES 3910 BLACKBERRY CIR SAINT CLOUD, FL 34769			7. Name and Address of New Registered Agent Name <u>MARLENE SMITHSON</u> Street Address (P.O. Box Number is Not Acceptable) <u>1741 Quail Ridge Loop</u> City <u>KISSIMMEE</u> FL Zip Code <u>34744</u>		
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 <u>Marlene Smithson</u> DATE <u>Apr. 23, 08</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering))</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$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	PVTS <input type="checkbox"/> Delete SMITHSON, MARLENE 1741 QUAIL RIDGE LOOP KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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>Marlene Smithson</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u>Apr. 23, 08</u> <small>Date Daytime Phone #</small>		