

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 30, 2011
Secretary of State

Entity Name: J.A.M. INSURANCE SERVICES INC.

Current Principal Place of Business:

99 N.W. 183RD ST., STE 242
MIAMI GARDEN, FL 33169

New Principal Place of Business:

2700 W ATLANTIC BLVD
SUITE 247
POMPANO BCH, FL 33069

Current Mailing Address:

99 N.W. 183RD ST., STE 242
MIAMI GARDEN, FL 33169

New Mailing Address:

2700 W ATLANTIC BLVD
SUITE 247
POMPANO BCH, FL 33069

FEI Number: 27-3381212

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARSEILLE, JULES
99 NW 183RD STREET
SUITE 242
MIAMI GARDEN, FL 33169 US

Name and Address of New Registered Agent:

MARSEILLE, JULES
2700 W ATLANTIC BLVD
SUITE 247
POMPANO BCH, FL 33069 US

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: JULES MARSEILLE

04/30/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: MARSEILLE, JULES A
Address: 2700 W ATLANTIC BLVD SUITE 247
City-St-Zip: POMPANO BCH, FL 33069

Title: VP
Name: MARSEILLE, SUZETTE
Address: 2700 W ATLANTIC BLVD SUITE 247
City-St-Zip: POMPANO BCH, FL 33069

Title: S
Name: MARSEILLE, JULIANDA
Address: 2700 W ATLANTIC BLVD SUITE 247
City-St-Zip: POMPANO BCH, FL 33069

I hereby 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 all other like empowered.

SIGNATURE: JULES MARSEILLE

P

04/30/2011

Electronic Signature of Signing Officer or Director

Date