

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P94000081656**

1. Entity Name  
J.A.M. DEVELOPMENT, INC.



Principal Place of Business  
20900 W. DIXIE HWY  
NORTH M. BCH 71  
33180,

Mailing Address  
20900 W DIXIE HWY  
NORTH MIAMI BEACH, FL 33180 US

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0533094

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FRYE, HEIDI B  
20900 N DIXIE HWY  
NORTH MIAMI BEACH, FL 33180

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IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

000000013578  
01/26/04-80059-008 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	FRYE, HEIDI B
STREET ADDRESS	20900 W DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	D
NAME	FRYE, AUSTIN A
STREET ADDRESS	20900 W DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Heidi B Frie* 1/21/04 305-931-3200