


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # P95000085769 1. Entity Name ONE STOP JAMAICAN RESTAURANT, INC.	
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Principal Place of Business 1736 WEST 45TH STREET WEST PALM BEACH, FL 33407	Mailing Address 1736 WEST 45TH STREET WEST PALM BEACH, FL 33407
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04162008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0619071	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FERGUSON, DARL D 2000 NORTH CONGRESS AVENUE #208 WEST PALM BEACH, FL 33409

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE	PST
NAME	TIMOLL, JEAN M
STREET ADDRESS	1736 WEST 45TH STREET
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
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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 06/04/08-80033-022 150.00

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 empowerments.

SIGNATURE: *Jean Timoll* (561) 844-5599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #