


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**


04-16-2007 90085 044 \*\*\*150.00

<b>DOCUMENT # P95000087226</b>	
1. Entity Name <b>JAMROD ENTERPRISES, INC.</b>	

Principal Place of Business <b>5723 SW 17 ST MIAMI, FL 33155 US</b>	Mailing Address <b>5723 SW 17 ST MIAMI, FL 33155 US</b>
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DO NOT WRITE IN THIS SPACE

**40063083**



02152007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0632837</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent	
<b>MORALES, JORGE L 5723 SW 17 STREET MIAMI, FL 33155</b>	

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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: *Jorge Morales* (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSTD MORALES, JORGE L 5723 SW 17 STREET MIAMI, FL 33155</b>
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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: *Jorge Morales* **4/11/07** **(305) 984-3833**

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