

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90126 001 ***317.50

DOCUMENT # P95000087629					
1. Entity Name JAMAR ENTERPRISES, INC.					
Principal Place of Business 789 S. FEDERAL HWY. STE. #308 STUART, FL 34994 US			Mailing Address 789 S. FEDERAL HWY. STE. #308 STUART, FL 34994 US		
2. Principal Place of Business 2655 N. OCEAN DRIVE Suite, Apt. #, etc. SUITE # 403 City & State SINGER ISLAND, FL.		3. Mailing Address 2655 N. OCEAN DRIVE Suite, Apt. #, etc. SUITE # 403 City & State SINGER ISLAND, FL.			
Zip 33404		Country USA		Zip 33404	
Country USA		City USA		4. FEI Number 65-0620728	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		XX		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent A Z REGISTERED AGENT CORPORATION 2601 SOUTH BAYSHORE DRIVE SUITE 1600 MIAMI, FL 33133			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <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	D <input checked="" type="checkbox"/> Delete MACARI, JOHN 250 TEQUESTA DRIVE, SUITE 202 TEQUESTA, FL 33469		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MACARI, JOHN 2655 N. OCEAN DRIVE SUITE # 403 SINGER ISLAND, FL. 33404 <input type="checkbox"/> Delete		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	
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	
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	
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: <u>John R. Macari</u> Date _____ Daytime Phone # _____					