


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000097854

1. Entity Name
JAHJAH AND ZAMMAR, INC.



Principal Place of Business 1123 NW 3RD AVE MIAMI, FL 33136	Mailing Address 1123 NW 3RD AVE MIAMI, FL 33136 US
---	--



02102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0632289	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAHJAH, OSAMA
 1123 NW 3RD AVE
 MIAMI, FL 33136

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ZAMMAR, ANTOINE 1971 SW 33 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JAHJAH, OSAMA 1400 SW 97 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS JAHJAH, NADIA 1400 SW 27 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS ZAMMER, VIVIAN 1971 SW 33 AVE MIAMI, FL 33145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000302503
 04/13/05-80074-009 150.00

DO NOT WRITE 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:  **DIRECTOR** **03/18/05** (205) 539-1312
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #