


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
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

DO NOT WRITE IN THIS SPACE



01052007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0632289

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ 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, 2007 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	

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05/11/07-80025-004 150.00

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 other like empowered.

SIGNATURE: OSAMA JAHJAH H
DIRECTOR

Date: 04/23/07 Deafline Phone #: (305) 539-1312

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR