


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90156 035 \*\*\*150.00

**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
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**DO NOT WRITE IN THIS SPACE**



03312008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0632289</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ (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.  **\$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	

**DO NOT WRITE IN THIS SPACE**

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:** OSAMA JAHJAH Director 04/14/08 (305) 539-1312

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