2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 24, 2005 08:00 AM Secretary of State

| DOCUMENT # P96000029895 1. Entity Name JERAMI BUSINESS CO. | | | | Secretary of State | |
|---|--|--|--|---|---|
| Principal Plac 3600 N.W. 3 MIAMI, FL 3 | 7 COURT | Mailing Address 3600 N.W. 37 COURT MIAMI, FL 33142 | | | |
| | | | | | |
| | | | | 03022005 No Chg-P | CR2E034 (10/03) |
| | | | : | 4. FEI Number NOT APPLICABLE | Applied For Not Applicable |
| | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| | 5. Name and Address of Current | Rogistered Agent | * * * * * * * * * * * * * * * * * * * | نقر بدنا بهيوي التدرية يستاه والا | er och sitterer serger i 1950 i Herrison i Nigerier ir Kristings er se i |
| BEN-HAIL 3600 N.W. MIAMI, FL | , ABRAHAM 37 COURT 33142 | , a refug | | | |
| 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 Signature typed or printed name of registered agent shd title it applicable (NOTE Registered Agent signature required when reinstating) U37247U5-8U045-UU2 15U. UU | | | | | |
| FILE NOWIST FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees | | | | | |
| TO. | OFFICERS AND | DIRECTORS | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | BEN-HAIL, ABRAHAM 3600 N.W. 37 COURT MIAMI, FL 33142 | - | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | , | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | | ري هيرين درين دريولهاي الفرايي الداري الماري | S. STANSONIAN STANSON STANSON SANDERS STANSON |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | • | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ======================================= | | | |
| 12. I hereby indicated of the corchanged | certify that the information supplied with f on this report or supplemental report is rporation or the receiver or trustee empt, , or on an attachment with an address, | this filling does not qualify for the ex- tryle and accurate and that my sign whered to execute this report as required with all other like empowered | cemption stated in Se lature shall have the s ufred by Chapter 607 | ction 119.07(3)(7), Florida Statutes. same legal effect as if made under o , Florida Statutes; and that my name | further certify that the information bath; that I am an officer or director a appears in Block 10 or Block 11 if |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Dayline Phone 4 | | | | | |