## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT FILED Mar 01, 2006 08:00 A **DOCUMENT # P96000078766** 1. Entity Name **Secretary of State JAMAR 1986, INC.** Principal Place of Business Mailing Address 18400 NW 2ND AVE. 15499 W. DIXIE HWY. NORTH MIAMI, FL 33169 N. MIAMI BEACH, FL 33162 CR2E034 (11/05) 01032006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0734036 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent IZAAK, PETER DO NOT WRITE 15499 W. DIXIE HWY. NORTH MIAMI BEACH, FL 33162 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) 110000453183 \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 U3/14/06-80009-022 150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PΠ TITLE IZAAK, PETER NAME 15499 W. DIXIE HWY. STREET ADDRESS CITY-ST-ZIP N. MIAMI BEACH, FL 33162 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS 12. I hereby certify that the information supplied with this litting 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 by 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 empowerer.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR