

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 06, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000095795

1. Entity Name

JAMARC ENTERPRISES, INC. -



Principal Place of Business

6771 N.W. 187 TERRACE
MIAMI, FL 33015-2423

Mailing Address

6771 N.W. 187 TERRACE
MIAMI, FL 33015-2423



03152005 No Chg-P CR2E034 (10/03)

4. FCI Number

65-0718230

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCCAULEY, MARQUINTA C
6771 N.W. 187 TERRACE
MIAMI, FL 33015-2423

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	P
NAME	MCCAULEY, JAMES E
STREET ADDRESS	6771 N.W. 187 TERRACE
CITY - ST - ZIP	MIAMI, FL 330152423
TITLE	V
NAME	MCCAULEY, MARQUINTA C
STREET ADDRESS	6771 N.W. 187 TERRACE
CITY - ST - ZIP	MIAMI, FL 330152423
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/06/05-80040-014 150.00

**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)(f), 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:

James E. McCauley **JAMES E. McCauley** 4/1/05 305-474-9982
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #