2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008
Secretary of State

DOCUMENT# P96000099015

Entity Name: JAI-AMBA-MA, INC.

Current Principal Place of Business:

2445 SR 16
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

2445 SR 16
ST. AUGUSTINE, FL 32092

New Mailing Address:

1300 N. PONCE DE LEON BLVD
ST. AUGUSTINE, FL 32084

FEI Number: 59-3413997 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHINE, JUDITH G ESQUIRE
97 ORANGE STREET
ST. AUGUSTINE, FL 32084 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PATEL, NARENDRA C
Address: 55 DOLPHIN DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: STD ( ) Delete
Name: PATEL, JYOTSNA
Address: 55 DOLPHIN DR
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: COST ( ) Delete
Name: PATEL, BHAVINI
Address: 55 DOLPHIN DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: COVP ( ) Delete
Name: PATEL, AMEET
Address: 55 DOLPHIN DR.
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JYOTSNA PATEL SEC 02/06/2008

Electronic Signature of Signing Officer or Director Date