

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000005093

Entity Name: JAM BALLOON CORP.

FILED  
Mar 10, 2005  
Secretary of State

## Current Principal Place of Business:

8895 FONTAINEBLEAU BLVD.  
411  
MIAMI, FL 33172 US

## New Principal Place of Business:

905 NW 106 AVE CIR  
MIAMI, FL 33172 US

## Current Mailing Address:

8895 FONTAINEBLEAU BLVD.  
411  
MIAMI, FL 33172 US

## New Mailing Address:

905 NW 106 AVE CIR  
MIAMI, FL 33172 US

FEI Number: 65-0718469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GABRIEL TERAN  
8895 FONTAINEBLEAU BLVD. 411  
MIAMI, FL 33172 US

## Name and Address of New Registered Agent:

GABRIEL TERAN  
905 NW 106 AVE CIR  
MIAMI, FL 33172 US

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: GABRIEL TERAN

03/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: TERAN, GABRIEL  
Address: 8895 FONTAINEBLEAU BLVD. 411  
City-St-Zip: MIAMI, FL 33172

Title: VICE ( ) Delete  
Name: ALAMINO, ROSA M  
Address: 8895 FONTAINEBLEAU BLVD. 411  
City-St-Zip: MIAMI, FL 33172

Title: TREA ( ) Delete  
Name: TERAN, GABRIEL JR.  
Address: 3501 SW 76 AVE  
City-St-Zip: MIAMI, FL 33155

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: TERAN, GABRIEL  
Address: 905 NW 106 AVE CIR  
City-St-Zip: MIAMI, FL 33172

Title: VICE (X) Change ( ) Addition  
Name: ALAMINO, ROSA M  
Address: 905 NW 106 AVE CIR  
City-St-Zip: MIAMI, FL 33172

Title: TREA (X) Change ( ) Addition  
Name: TERAN, GABRIEL JR.  
Address: 12516 NW 11 TRAIL  
City-St-Zip: MIAMI, FL 33182

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GABRIEL TERAN

PSTD

03/10/2005

Electronic Signature of Signing Officer or Director

Date