

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90007 001 ***150.00

DOCUMENT # P97000030881

1. Entity Name
JAM'NG FIVE, INC.



Principal Place of Business

**10162 NW 87 CT.
MEDLEY, FL 33178**

Mailing Address

**10162 NW 87 CT.
MEDLEY, FL 33178**

54061050



06302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0743589

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HELLER, JONATHAN A
1428 BRICKELL AVE., 6TH FLOOR
MIAMI, FL 33131**

**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 \$550.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **BARUCH, DAVID M**
STREET ADDRESS **1581 ISLAND WAY**
CITY-STATE-ZIP **FT. LAUDERDALE, FL 33326**

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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)(i), 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: *David M. Baruch* **DAVID M. BARUCH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/04

Date

(305)883-0068

Daytime Phone #

Attachment

54061050

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Ref: P97000030881

~~This is a request to waive the \$400.00 late filing fee as we did not receive an Annual~~
Report Filing Form from the Department of State. Instead all we received was the
Attached "NOTICE OF INTENT TO DISSOLVE".

Sincerely,
Jam'ng Five, Inc.

Deborah Bourgault
Deborah Bourgault
Controller

Deborah Bourgault
Controller