

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90178 040 ***150.00

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| 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 | | |
| 2. Principal Place of Business 5761 NW 158 ST Suite, Apt. #, etc. | | 3. Mailing Address 5761 NW 158 ST Suite, Apt. #, etc. | | | |
| City & State MIAMI LAKES, FL Zip: 33014 Country: USA | | City & State MIAMI LAKES, FL Zip: 33014 Country: USA | | 4. FEI Number 65-0743589 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent HELLER, JONATHAN A 1428 BRICKELL AVE., 6TH FLOOR MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip Code: _____ | | |
| 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE P NAME BARUCH, DAVID M STREET ADDRESS 1581 ISLAND WAY CITY-ST-ZIP FT. LAUDERDALE, FL 33326 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing 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 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: PREP 4/11/06 305-883-0068 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |