2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State
04-26-2004 91027 026 ***150.00

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03282004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000023896

1. Entity Name
JAMY VENTURES INC.

Principal Place of Business	Mailing Address
2672 TIMBERCREEK CR. BOCA RATON, FL 33431 US	2672 TIMBERCREEK CR. BOCA RATON, FL 33431 US

2. Principal Place of Business	3. Mailing Address
6459 DORSAY CT.	6459 DORSAY CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH FL	City & State: DELRAY BEACH, FL
Zip: 33484 Country: USA	Zip: 33484 Country: USA

4. FEI Number 65-0819111 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSEN, JAY
2672 TIMBERCREEK CR.
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: same
Street Address (P.O. Box Number is Not Acceptable): 6459 DORSAY CT.
City: DELRAY BEACH FL Zip Code: 33484

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: JAY ROSEN. PRES. 4-1-04
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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROSEN, JAY 2672 TIMBERCREEK CR. BOCA RATON, FL 33431 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition Same 6459 DORSAY CT. DELRAY BEACH FL 33484
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: JAY ROSEN. PRES. 4-1-04 561-865-0080
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #