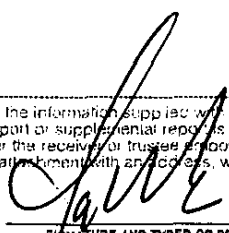


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91027 026 ***150.00

DOCUMENT # P98000023896			
1. Entity Name: JAMY VENTURES INC.			
Principal Place of Business: 2672 TIMBERCREEK CR. BOCA RATON, FL 33431 US		Mailing Address: 2672 TIMBERCREEK CR. BOCA RATON, FL 33431 US	
2. Principal Place of Business: 6459 DORSAY CT. Suite, Apt. #, etc.		3. Mailing Address: 6459 DORSAY CT. 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: ☒		03282004 Chg-P CR2E034 (10/03)	
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.		DATE: 4-1-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing: ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: ROSEN, JAY STREET ADDRESS: 2672 TIMBERCREEK CR. CITY- ST- ZIP: BOCA RATON, FL 33431	☐ Delete	TITLE: same NAME: same STREET ADDRESS: 6459 DORSAY CT. CITY- ST- ZIP: DELRAY BEACH FL 33484	☒ Change ☐ Addition
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)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 addressee, with all other like empowered.			
SIGNATURE: 		JAY ROSEN, PRES.	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4-1-04 Daytime Phone #: 561-965-0080	