

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000027638

FILED  
Apr 01, 2005  
Secretary of State

Entity Name: JAMAICAN HERBAL & HEALING, INC.

## Current Principal Place of Business:

4244 N. STATE ROAD 7 (441)  
LAUDERDALE LAKES, FL 33319

## New Principal Place of Business:

4264 N. STATE ROAD 7 (441)  
LAUDERDALE LAKES, FL 33319

## Current Mailing Address:

4244 N. STATE ROAD 7 (441)  
LAUDERDALE LAKES, FL 33319

## New Mailing Address:

4264 N. STATE ROAD 7 (441)  
LAUDERDALE LAKES, FL 33319

FEI Number: 65-0822803

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PITTER, CARL S  
7447 NW 57 ST  
TAMARAC, FL 33319 US

## Name and Address of New Registered Agent:

PITTER, CARL S  
7435 NW 57 ST  
TAMARAC, FL 33319 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: CARL S. PITTER

04/01/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTSD ( ) Delete  
Name: FRANCIS, HYACINTH  
Address: 4244 N. STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: FRANCIS, HYACINTH  
Address: 4264 N. STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: VP ( ) Change (X) Addition  
Name: COOKE, MERTON E  
Address: 4264 N. STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

Title: S, D ( ) Change (X) Addition  
Name: COOKE, MERTON E  
Address: 4264 N. STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319 US

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: HYACINTH FRANCIS

PTSD

04/01/2005

Electronic Signature of Signing Officer or Director

Date