


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90214 022 ***158.75

DOCUMENT # P98000086603	
1. Entity Name JAYMOR U.S.A., INC.	

Principal Place of Business DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758	Mailing Address DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD SUITE 508 PALM BEACH GARDENS, FL 33410-2758
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2. Principal Place of Business c/o Harris Cramer LLP Suite, Apt. #, etc. 1555 Palm Beach Lakes Blvd., Ste. 310 City & State West Palm Beach, FL Zip 33401 Country USA	3. Mailing Address c/o Harris Cramer LLP 1555 Palm Beach Lakes Blvd. Suite, Apt. #, etc. Suite 310 City & State West Palm Beach, FL Zip 33401 Country USA
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03112005 Chg-P CR2E034 (10/03)

4. FEI Number 65-0880728	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DARYL CRAMER AND ASSOC., P.A. DARYL CRAMER AND ASSOC., P.A. 3801 PGA BLVD. PALM BEACH GARDENS, FL 33410	
7. Name and Address of New Registered Agent Name Harris Cramer LLP Street Address (P.O. Box Number is Not Acceptable) 1555 Palm Beach Lakes Blvd. Suite 310 City West Palm Beach FL Zip Code 33401	

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 Harris Cramer LLP by Daryl Cramer & Associates, P.A., Partner
by Daryl B. Cramer, President 4/26/05
Signature, typed or printed name of registered agent and site if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MYERS, WILLIAM P 105 WEST BEAVER CREEK, UNITS 9&10 RICHMOND HILL, ONT CANADA, I4b 1c6 <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	PTD LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK, UNITS 9&10 RICHMOND HILL, ONT CANADA, I4b 1c6 <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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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

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: [Signature] APR 15 2005 905-882-1212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #