

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000015355

Entity Name: JAMHS AUTO, INC.

FILED  
Jan 30, 2007  
Secretary of State

## Current Principal Place of Business:

5323 SANDHURST CIR. N  
LAKE WORTH, FL 33463

## New Principal Place of Business:

39 FANSHAWE LANE  
SUITE A  
PALM COAST, FL 32137

## Current Mailing Address:

PO BOX 541184  
GREENACRES, FL 33454

## New Mailing Address:

PO BOX 352881  
PALM COAST, FL 32135

FEI Number: 65-0893254

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSDT ( ) Delete  
Name: SOUVERAIN, JACQUES D  
Address: 5323 SANDHURST CIR. N.  
City-St-Zip: LAKE WORTH, FL 33463

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSDT (X) Change ( ) Addition  
Name: SOUVERAIN, JACQUES D  
Address: 39 FANSHAWE LANE SUITE A  
City-St-Zip: PALM COAST, FL 32137

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JACQUES D SOUVERAIN

PSDT

01/30/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date