

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P99000016682

**FILED**  
**Oct 16, 2009**  
**Secretary of State****Entity Name:** CLAMOR/JUST PASSING TIME, INC.**Current Principal Place of Business:**2180 SW 71 TERRACE  
DAVIE, FL 33317**New Principal Place of Business:**139 N.E. 1ST STREET  
MIAMI, FL 33132**Current Mailing Address:**2180 SW 71 TERRACE  
DAVIE, FL 33317**New Mailing Address:**139 N.E. 1ST STREET  
103  
MIAMI, FL 33132**FEI Number:** 65-0899405**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**AKOUKA, ALAN  
7625 BLACK OLIVE WAY  
TAMARAC, FL 33321 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

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: AKOUKA, ALAN  
Address: 7625 BLACK OLIVE WAY  
City-St-Zip: TAMARAC, FL 33321

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

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

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: AKOUKA, MEREDITH  
Address: 7625 BLACK OLIVE WAY  
City-St-Zip: TAMARAC, FL 33321

Title: D ( ) Change (X) Addition  
Name: TODYWALA, SAM  
Address: 5340 N.W. 104TH COURT  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Change (X) Addition  
Name: TODYWALA, LYLIA  
Address: 5340 N.W. 104TH COURT  
City-St-Zip: MIAMI, FL 33178

Title: D ( ) Change (X) Addition  
Name: KELLY, STEVEN  
Address: 15590 PARKVIEW DRIVE  
City-St-Zip: NEWBURY, OH 44065

Title: D ( ) Change (X) Addition  
Name: CASTRO, PATRICIA  
Address: 6659 ALISO AVENUE  
City-St-Zip: WEST PALM BEACH, FL 33413

I hereby certify that the information supplied with this filing does not qualify 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: ALAN AKOUKA

D

10/16/2009

Electronic Signature of Signing Officer or Director

Date