

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000039027

1. Entity Name
JPAMC, INC.



Principal Place of Business
7860 GLADES ROAD
SUITE 115
BOCA RATON, FL 33434

Mailing Address
7764 NW 44TH ST
SUNRISE, FL 33351

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03182003

Chg-P

CR2E034 (10/03)

4. FEI Number

65-0920301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MICHAEL JANOURA
7764 NW 44 STREET
SUNRISE, FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JANOURA, JOSEPH S
STREET ADDRESS 7764 NW 44TH ST
CITY-ST-ZIP SUNRISE, FL 33351

☐ Change ☐ Addition
400038415214
06/29/04--01021--024 **150.00

TITLE D ☐ Delete
NAME JANOURA, MICHAEL
STREET ADDRESS 7764 NW 44TH ST
CITY-ST-ZIP SUNRISE, FL 33351

☐ Change ☐ Addition

TITLE D ☐ Delete
NAME JANOURA, PAMELA
STREET ADDRESS 7764 NW 44TH ST
CITY-ST-ZIP SUNRISE, FL 33351

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Michael Janoura, Vice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-27-04

Date

954-746-7620

Daytime Phone #

FILED
04 JUN 30 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



TR