2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2005 08:00 AM Secretary of State

ANNUAL REFORT				Apr 27, 2005 00:00 A		
DOCU 1. Entity Nerr JAMSCO	MENT # P9900006019	93			Secretary of State	
Principal Plac	te of Business	Mailing Address				
5276 SW 35		5276 SW 35 ST)		
DAVIE, FL 3		DAVIE, FL 33314		ļ		
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DO NOT WRITE IN THIS SPACE				4. FE! Numb	Applied For	
_			The second of th	65-092		
		· ,		5. Certificat	e of Status Desired	
6. Name and Address of Current Registered Agent						
CEDNAT	IOHN C			سيد،	NOT WOITE	
CERNAZ, JOHN C 5276 SW 35 ST				DO	NOT WRITE	
DAVIE, FL 33314				IN THIS SPACE		
		•		11/4	I MIS SPACE	
						
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						
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	9. Election Campaign Finan Trust Fund Contribution.	cing \$5.	00 May Be ad to Fees		
10.	OFFICERS AND DIBE	CTORS				
TITLE	DPST		, , ,		Aug	
NAME	CERNAZ, JOHN C		Į			
STREET ADDRESS	5276 SW 35 ST					
CITY-ST-ZIP	DAVIE, FL 33314		<u> </u>		/4	
TITLE			į		1100000001010	
NAME					000000341313 04/29/05-80011-011 150.00	
STREET ADDRESS			}		04/23/03-60011-011 130.00	
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STREET ADDRESS			I		Annual Company of the	
CITY-ST-ZIP		<u> </u>	-1			
TITLE			•			
NAME						
STREET ADDRESS					- ·	
CITY-ST-ZIP						
12. [hereby c	ertify that the information supplied with this	iling does not qualify for the exer	nption stated in Sec	ction 119.07(3)		
indicated of the corr	on this report or supplemental report is true	and accurate and that my signated to execute this report as require	ure shall have the s ed by Chapter 607	ame legal effec Florida Statuta	ot as it made under oath, that I am an officer or director less and that my name appears in Block 10 or Block 11 if	
12. I hereby certify that the information supplied with this filling 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. Toka C. Ceratz						