

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90038 044 \*\*\*150.00

<b>DOCUMENT # V73704</b> 1. Entity Name <b>ARJAM INC.</b>					
Principal Place of Business <b>6320 NORTHWEST 77TH COURT PARKLAND, FL 33067</b>			Mailing Address <b>6320 NORTHWEST 77TH COURT PARKLAND, FL 33067</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>HEUSS, JAMES JOSEPH</b> <b>6320 NORTHWEST 77TH COURT</b> <b>PARKLAND, FL 33067</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEUSS, JAMES JOSEPH		NAME	HEUSS JAMES JOSEPH	
STREET ADDRESS	6320 N.W. 77TH COURT		STREET ADDRESS	9202 VINELAND COURT UNIT B	
CITY-ST-ZIP	PARKLAND, FL		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	D <input type="checkbox"/> Delete		TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEUSS, ARLEEN PELLETIER		NAME	HEUSS ARLEEN PELLETIER	
STREET ADDRESS	6320 N.W. 77TH COURT		STREET ADDRESS	9202 VINELAND COURT UNIT B	
CITY-ST-ZIP	PARKLAND, FL		CITY-ST-ZIP	BOCA RATON, FL 33496	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b> <i>James Heuss</i> <b>James Heuss</b> <i>PRESIDENT</i>			Date: <i>4/12/04</i> Daytime Phone #: <i>561 487-0892</i>		