



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90298 040 ***150.00

DOCUMENT # V73704 1. Entity Name ARJAM INC.					
Principal Place of Business 6320 NORTHWEST 77TH COURT PARKLAND, FL 33067			Mailing Address 6320 NORTHWEST 77TH COURT PARKLAND, FL 33067		
2. Principal Place of Business 9202 VINELAND COURT Suite, Apt. #, etc. E		3. Mailing Address 9202 VINELAND COURT Suite, Apt. #, etc. E			
City & State BOCA RATON, FLORIDA		City & State BOCA RATON, FLORIDA		4. FEI Number 65-0364922	
Zip 33496		Country PALESTINE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEUSS, JAMES JOSEPH 6320 NORTHWEST 77TH COURT PARKLAND, FL 33067				7. Name and Address of New Registered Agent Name HEUSS JAMES JOSEPH Street Address (P.O. Box Number is Not Acceptable) 9202 VINELAND COURT UNIT E City BOCA RATON FL Zip Code 33496	
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 <u><i>James Heuss President</i></u> <u><i>JAMES HEUSS</i></u> <u><i>4/25/05</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEUSS, JAMES JOSEPH 9202 VINELAND COURT, UNIT E BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEUSS JAMES JOSEPH 9202 VINELAND COURT APT E BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEUSS, ARLEEN P 9202 VINELAND COURT, UNIT E BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEUSS ARLEEN P. 9202 VINELAND COURT APT E BOCA RATON, FL 33496	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>James Heuss</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<u><i>President</i></u> <u><i>561 487-0892</i></u> <small>Date Daytime Phone #</small>		