


2007 FOR PROFIT CORPORATION ANNUAL REPORT.


FILED
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L66906
 1. Entity Name
J. M. TRANSPORTATION, INC.



Principal Place of Business 6885 N.W. 25 STREET SUITE #3 MIAMI, FL 33122 US	Mailing Address 6885 N.W. 25 STREET SUITE #3 MIAMI, FL 33122 US
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DO NOT WRITE IN THIS SPACE



03212007 No Chg-P CR2E034 (11/05)

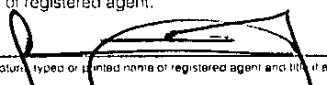
4. FEI Number 65-0189944	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARIAS, JOHN
 6885 N.W. 25 STREET
 SUITE #3
 MIAMI, FL 33122

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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:  *John Arias* President 03/22/07
(NOTE: Registered Agent signature required when filing) DATE

FILE NOW! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees


10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARIAS, JOHN 6885 N.W. 25 STREET, SUITE #3 MIAMI, FL 33122
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ARIAS, MARIA C 6885 N.W. 25 STREET, SUITE #3 MIAMI, FL 33122
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  *John Arias* President 03/22/07 305-7188999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #