

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000001042

1. Entity Name  
JMGC INVESTMENTS, CORP.



Principal Place of Business  
3440 HOLLYWOOD BLVD, STE 360  
C/O ROTH ROUSSO & DARRACH, P.A.  
HOLLYWOOD, FL 33021

Mailing Address  
3440 HOLLYWOOD BLVD, STE 360  
C/O ROTH ROUSSO & DARRACH, P.A.  
HOLLYWOOD, FL 33021

2. Principal Place of Business  
5405 SW 129 AVENUE  
Suite, Apt. #, etc.

3. Mailing Address  
5405 SW 129 AVENUE  
Suite, Apt. #, etc.

City & State  
MIAMI, FLORIDA  
Zip  
33175  
Country

City & State  
MIAMI, FLORIDA  
Zip  
33175  
Country

4. FEI Number  
35-2194190  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROUSSO, MARK E ESQ  
3440 HOLLYWOOD BLVD, STE 360  
C/O ROTH ROUSSO & DARRACH, P.A.  
HOLLYWOOD, FL 33021

## 7. Name and Address of New Registered Agent

Name  
ORLANDO ARROM  
Street Address (P.O. Box Number is Not Acceptable)  
10556 NW 26 ST, #203  
City  
DORAL FL Zip Code  
33172

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 \$300.00

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

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS RIOS, JUAN C 5405 SW 129TH AVE MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT FERNANDEZ, JUAN JOSE C 5405 SW 129TH AVE MIAMI, FL 33175	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	600054503386 05/13/05--01046--013 **300.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Juan C. Bastardo III

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05 305-554-5230

Date

Daytime Phone #

FILED

05 MAY -5 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT  
04282005 REIN.P. CR2E098 (6/04) 04-05