


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000141791
 1. Entity Name
 JMH TAX & ACCOUNTING SERVICES, INC.



Principal Place of Business 2280 SW 143 PL MIAMI, FL 33175	Mailing Address 2280 SW 143 PL MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



01252006 No Chg-P CR2E034 (11/05)

4. FEI Number 55-0853779	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NEW FILINGS, INC.
 3732 NW 16 ST
 FT LAUDERDALE, FL 33311

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CABRERA, J. LUIS 2280 SW 143 PL MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CABRERA, MICHELLE 2280 S.W. 143 PL. MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HORTENSIA, CABRERA 2280 S.W. 143 PL. MIAMI, FL 33175
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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: J. Luis Cabrera (J. LUIS CABRERA) 3/2/06 (305) 707-8481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #