

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90033 019 ***150.00

DOCUMENT # F96000000317

1. Entity Name

JM PROPERTIES GROUP, INC.



Principal Place of Business

101 COVENTION CENTER DRIVE
LAS VEGAS, NV 89102

Mailing Address

P.O. BOX 27740
LAS VEGAS, NV 89126 US

2. Principal Place of Business

1571 Stillwater Drive

3. Mailing Address

1571 Stillwater Drive

Suite, Apt. #, etc.

1571 Stillwater Drive

Suite, Apt. #, etc.

1571 Stillwater Drive

City & State

Miami Beach, FL

City & State

Miami Beach, FL

Zip

33141

Country

US

Zip

33141

Country

US

04142004

Chg-P

CR2E034 (10/03)

4. FEI Number

88-0352114

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSSO, LAURA L ESQ
% RUSSO, BAKER & ALVAREZ, P.A.
4675 PONCE DE LEON BLVD, SUITE 301
CORAL GABLES, FL 33146

7. Name and Address of New Registered Agent

Name

Jose A. Bolanos, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2121 Ponce de Leon Blvd, Suite 600

City

Coral Gables

FL

33134

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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDST	<input checked="" type="checkbox"/> Delete
NAME	POTTER, MICHAEL	
STREET ADDRESS	P.O. BOX 27740	
CITY-ST-ZIP	LAS VEGAS, NV 89126	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CALVO, MIRTA	
STREET ADDRESS	3901 CRAWFORD AVE.	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Mirta Calvo, PDST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1571 Stillwater Drive	
STREET ADDRESS	Miami Beach, FL 33141	
CITY-ST-ZIP		
TITLE	Jose A. Calvo, D VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1571 Stillwater Drive	
STREET ADDRESS	Miami Beach, FL 33141	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *Mirta Calvo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 15, 2004

Date

Daytime Phone #

305

866-3307