


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # 495465 1. Entity Name JMS RESTAURANT CORP.		
Principal Place of Business 15600 S.W. 288TH STREET, #308 HOMESTEAD, FL 33033		Mailing Address 15600 S.W. 288TH STREET, #308 HOMESTEAD, FL 33033
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SIMON, JEFFREY 8915 SW 163 TERR. MIAMI, FL 33157		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE	P	DO NOT WRITE IN THIS SPACE
NAME	SIMON, JEFFREY M	
STREET ADDRESS	8915 SW 163RD TERR	
CITY-ST-ZIP	MIAMI, FL	
TITLE	VD	
NAME	SIMON, JEFFREY M	
STREET ADDRESS	8915 SW 163 TERR.	
CITY-ST-ZIP	MIAMI, FL 00000,	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <u><i>Jeffrey M Simon</i></u>		Date <u>7/11/07</u> Daytime Phone # <u>305-451-3465</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1705832	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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07/16/07-80002-017 150.00