


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 Mailing Address
 15600 S.W. 288TH STREET, #308 15600 S.W. 288TH STREET, #308
 HOMESTEAD, FL 33033 HOMESTEAD, FL 33033

DO NOT WRITE IN THIS SPACE



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

6. Name and Address of Current Registered Agent
 SIMON, JEFFREY
 8915 SW 163 TERR.
 MIAMI, FL 33157

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

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

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

10. OFFICERS AND DIRECTORS

TITLE	P
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	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Jeffrey M Simon 7/11/07 305-451-3465
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #