

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90002 040 ***150.00

DOCUMENT # 599682 1. Entity Name J.M. AND BROTHERS INC.			
Principal Place of Business 1395 BRICKELL AVE., #430 MIAMI, FL 33131		Mailing Address 1395 BRICKELL AVE., #430 STE. 1006 MIAMI, FL 33131	
2. Principal Place of Business 251 Crandon Blvd. Suite, Apt. #, etc. 640 City & State Key Biscayne, FL 33149 Zip Country		3. Mailing Address 251 Crandon Blvd. Suite, Apt. #, etc. 640 City & State Key Biscayne, FL 33149 Zip Country	
4. FEI Number 59-2246012		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE STEWART LAW FIRM 1395 BRICKELL AVENUE SUITE 430 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name The Stewart Law Firm Street Address (P.O. Box Number is Not Acceptable) 1395 Brickell Avenue Suite 650 City Miami FL Zip Code 33131	
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.</small>		Robert W. Stewart, Esq. <small>(NOTE: Registered Agent signature required when reinstating)</small>	
DATE 2/24/2006 <small>DATE</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS ROCADADO, BEATRIZ 251 CRANDON BLVD. #640 KEY BISCAIYNE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 3-3-06 Daytime Phone #	