


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 13, 2007 8:00 am**  
**Secretary of State**

08-13-2007 90019 019 \*\*\*550.00

<b>DOCUMENT # 599682</b> 1. Entity Name <b>J.M. AND BROTHERS INC.</b>					
Principal Place of Business <b>251 CRANDON BLVD</b> <b>640</b> <b>KEY BISCAYNE, FL 33149</b>			Mailing Address <b>251 CRANDON BLVD</b> <b>640</b> <b>KEY BISCAYNE, FL 33149</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-2246012</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>THE STEWART LAW FIRM</b> <b>1395 BRICKELL AVENUE</b> <b>SUITE 650</b> <b>MIAMI, FL 33131</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Robert W. Stewart, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1395 Brickell Avenue</b> <b>Suite 650</b> City <b>Miami</b>	
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.				Zip Code <b>FL 33131</b>	
SIGNATURE: <u><i>Robert W. Stewart</i></u> <b>ROBERT W. STEWART</b>				DATE: <b>07-09-2007</b>	
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS <input type="checkbox"/> Delete <b>ROCADADO, BEATRIZ</b> <b>251 CRANDON BLVD. #640</b> <b>KEY BISCAYNE, FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <b>Beatriz Rocabado</b> <u><i>Beatriz Rocabado</i></u> <b>8/6/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					