

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000006043

1. Entity Name
JLM HOLDINGS, INC.



Principal Place of Business

6450 W. 21 COURT
 SUITE 205
 HIALEAH, FL 33016

Mailing Address

6450 W. 21 COURT
 SUITE 205
 HIALEAH, FL 33016

DO NOT WRITE IN THIS SPACE



01182006 No Chg-P CR2E034 (11/05)

4. FEI Number **51-0393946** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

VICTORES, LORENZO
 6450 W. 21 COURT SUITE 205
 HIALEAH, FL 33016

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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 _____

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, 2008 Fee will be \$550.00

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

100000430192
 02/22/06-80037-019 150.00

10. OFFICERS AND DIRECTORS:

TITLE	PTD
NAME	VICTORES, LORENZO
STREET ADDRESS	6450N W. 21 COURT, SUITE 205
CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	VSD
NAME	VICTORES, BARBARA
STREET ADDRESS	6450 W. 21 COURT SUITE 205
CITY-ST-ZIP	HIALEAH, FL 33016
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: *J. V. Vitor*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/06 (305)558-7160
 Date Daytime Phone #