2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address

SIGNATURE:

cs. with all other like empowered.

Feb 20, 2006 08:00 AM DOCUMENT # J13664 Secretary of State 1. Entity Name J & M CONSOLIDATED, INC. Principal Place of Business Mailing Address 1311 NW 2ND CIR BOCA RATON FL 33432 1131 NW 2ND CIR BOCA RATON FL 33432 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State City & State 59-2832901 Not Applicable Country \$8.75 Additional Zìp Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD, MARIE Street Address (P.O. Box Number is Not Acceptable) 1311 NW 2ND CIR **BOCA RATON FL 33432** Zio Code City 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) DAIL FILE NOW!!! FEE IS \$150.00 **~\$5.00** May Be 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. \mathbf{G} Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. UN00000439294 Change 🔲 Additian Defete TITLE TITLE 03/01/06-80041-002 163.75 NAME RICHARD, JEFF NAME STREET ADDRESS STREET AUDRESS 1311 NW 2ND CIR CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Delete BILLE ☐ Change Addition 🔲 BBE NAME RICHARD, MARIE NAME STREET ADDRESS STREET ADDRESS 1311 NW 2ND CIR CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Chance TITLE Delete HUE MARAF NAME STRUET ADDRESS STREET ADDRESS CITY-ST-702 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detote TIBE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP Chance. Addition TITLE Delete सराह NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Dolete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED