


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K21715</b> 1. Entity Name JMK EQUIPMENT, INC.	
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Principal Place of Business 5254 NW 106 DR CORAL SPRINGS, FL 33076 US	Mailing Address 5254 NW 106 DR CORAL SPRINGS, FL 33076 US
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**DO NOT WRITE IN THIS SPACE**



04132006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0048057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

ROCKMAN, LOUIS M.  
8500 SW 92ND ST  
SUITE 106  
MIAMI, FL 33156

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS KRAMER, JAMES M. 5254 NW 106 DR CORAL SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KRAMER, JAMES M. 5254 NW 106 DR CORAL SPRINGS, FL
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000000537103  
05/09/06-60004-013 150.00

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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:** James M. Kramer, Pres. (JAMES M. KRAMER) 4-25-06 (305) 685-3762  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #