

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2006 8:00 am
Secretary of State

07-25-2006 90027 044 ***155.00

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2nd MOORE CR2E034 (4/06)

DOCUMENT # K46498	
1. Entity Name J M H PROPERTY INVESTMENTS, INC.	



Principal Place of Business 6340 NW 200TH ST MIAMI FL 33015 US	Mailing Address 6340 NW 200TH ST MIAMI FL 33015 US
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2. Principal Place of Business Suite, Apt. #, etc. 6340 NW 200TH ST	3. Mailing Address Suite, Apt. #, etc. 6340 NW 200TH ST
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33015 Country DADE	Zip 33015 Country DADE

4. FEI Number 65-0322996	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent FLANDERS, FLORENCE 6340 NW 200 ST. MIAMI FL 33015	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 _____	DATE _____
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FILE NOW!!! FEE IS \$550.00 DUE BY September 6, 2006 Make Check Payable to Florida Department of State.	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. ☒	9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PST FLANDERS, FLORENCE 6340 NW 200 ST. MIAMI FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST FLANDERS, FLORENCE 6340 NW 200 STREET MIAMI FL 33015 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ 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: <u><i>[Signature]</i></u>	Date: <u>8/4/06</u> <u>305-6282786</u>