


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 26, 2006 8:00 am
Secretary of State

06-26-2006 90272 045 ****50.00

DOCUMENT # L02000003312		
1. Entity Name J M B IMPEX LLC		

Principal Place of Business 3150 W. HALLANDALE BEACH BLVD. SIESTA PARK #10 HALLANDALE, FL 33009	Mailing Address 3150 W. HALLANDALE BEACH BLVD. SIESTA PARK #10 HALLANDALE, FL 33009
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2. Principal Place of Business 3751 SW 46TH AVE	3. Mailing Address 3751 SW 46TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06162006 Chg-LLC CR2E083 (11/05)

City & State HOLLYWOOD, FL	City & State HOLLYWOOD, FL
Zip 33023	Country USA
Zip 33023	Country 33023

4. FEI Number 04-3630804	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
LAMOTHE, FERNAND 1401 DEWEY STREET HOLLYWOOD, FL 33316	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BOUCHER, JEAN-MARC 3150 W. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3751 SW 46TH AVENUE HOLLYWOOD, FL 33023 <input checked="" 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
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: 	6-21-06 954-448-6637
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #