2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2004 8:00 am
Secretary of State
02-09-2004 90190 046 ****50.00

DOCUMENT # L02000031700

1. Entity Name
JMA SERVICE AND INVESTMENT, LLC

Principal Place of Business	Mailing Address
~~780 NW 42 AVE., STE 420~~ ~~MIAMI, FL 33126~~	3224 DANTE DRIVE APT #103 ORLANDO, FL 32835

2. Principal Place of Business	3. Mailing Address
3224 DANTE DRIVE	
Suite, Apt. #, etc. 103	Suite, Apt. #, etc.
City & State ORLANDO, FLORIDA	City & State
Zip 32835 Country ORANGE	Zip Country

01092004 Chg-LLC CR2E083 (10/03)

4. FEI Number ~~APPLIED FOR~~ 73-1666298 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~MAZZA-MARTINEZ & ASSOC., P.A.~~ ~~780 NW 42 AVE., STE. 420~~ ~~MIAMI, FL 33126~~	Name JUAN B. AREVALO Street Address (P.O. Box Number is Not Acceptable) 3224 DANTE DRIVE APT 103 City ORLANDO FL Zip Code 32835

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 X _____ 1/8/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P AREVALO, JUAN ~~780 NW 42 AVE.~~, STE. 420 ~~MIAMI~~, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3224 DANTE DR #103 ORLANDO FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR TOTORICA, AIDA M ~~780 NW 42 AVE.~~, STE. 420 ~~MIAMI~~, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3224 DANTE DR #103 ORLANDO FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TOTORICA, IGNACIO ~~780 NW 42 AVE.~~, STE. 420 ~~MIAMI~~, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 3224 DANTE DR #103 ORLANDO, FL 32835
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: X _____ 1/8/04 321-303-9330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #