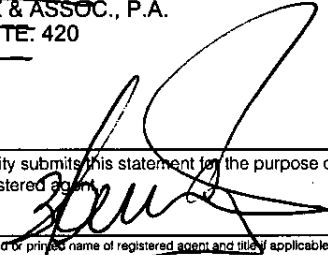
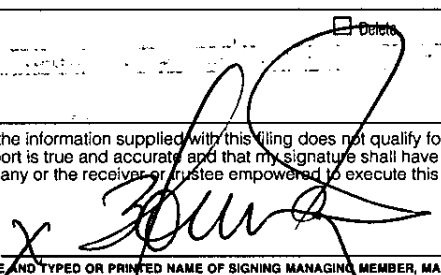


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 780 NW 42 AVE., STE. 420 MIAMI, FL 33126			Mailing Address 3224 DANTE DRIVE APT #103 ORLANDO, FL 32835		
2. Principal Place of Business 3224 DANTE DRIVE		3. Mailing Address Suite, Apt. #, etc. 103			
City & State ORLANDO, FLORIDA		City & State Suite, Apt. #, etc.		4. FEI Number APPLIED FOR 73-1666298	
Zip 32835		Country ORANGE		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MAZZA-MARTINEZ & ASSOC., P.A. 780 NW 42 AVE., STE. 420 MIAMI, FL 33126				7. Name and Address of New Registered Agent 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  DATE 1/8/04 Signature, typed or printed name of registered agent and title applicable. (NOTE: Registered Agent signature required when reinstating)					
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	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	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	3224 DANTE DR #103 ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 				Date 1/8/04 Daytime Phone # 321-303-9330	