

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # L23903	
1. Entity Name J.M.P. FASHION, INC.	
Principal Place of Business 1800 NW 20 ST MIAMI, FL 33125 US	Mailing Address 1800 NW 20 ST MIAMI, FL 33125 US



FILED
Aug 25, 2008 08:00 AM
Secretary of State



08202008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0155483	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PEREZ, JORGE 266 NW 35TH AVE MIAMI, FL 33125	DO NOT WRITE IN THIS SPACE
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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 _____

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PEREZ, JORGE 266 NW 35TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS PEREZ, MARITZA 266 NW 35TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ, TELMO E. 266 NW 35TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PEREZ JR., JORGE 266 NW 35TH AVE MIAMI, FL 33125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/21/08

Date

Daytime Phone #