2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2007 8:00 am Secretary of State 04-27-2007 90203 040 ***150.00

DOCUMENT # L77904 1. Entity Name J.M. 380 CORPORATION						04-27-2007	-	***150.00
Principal Place of Business 120 COCONUT KEY LANE DELRAY BEACH, FL 33484 US		Mailing Address 120 COCONUT KEY LANE DELRAY BEACH, FL 33484 US		S		IE JOSHI ZONEO INVIENDENI OVOI I	118# 8### 2 18#	81814 81811881 II ISBL
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04202007	Chg-P	CR2E034 (1	2/06)
City & State		City & State			4. FEI Numb			Applied For Not Applicab
Zip	Country	Zip	Country	,	5. Certificate	e of Status Desired		5 Additional Required
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Re	gistered Agent	
SARDOSS, JIVKO J 120 COCONUT KEY LANE		-		Street Address (P.O. Box Numb	per is Not Acceptable)		
DELRAY BEACH, FL	. 33484							
				City			FL Z	ip 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 ager				_		DATE	
	FEE IS \$150.00 Fee will be \$550	9. Election Camp. Trust Fund Cor		ng \$5. \[\] Add	.00 May Be ed to Fees			
10.	OFFICERS AND		11.		ADDITIONS	/CHANGES TO OFFIC		
TITLE PTD Delete NAME SARDOSS, JIVKO J.			TITLE					hange
STREET ADDRESS 120 COCONUT KEY LANE CITY-SI-ZIP DELRAY BEACH, FL 33484			STREET .	ADDRESS T-ZIP				
TITLE VSD Delete TIT			TITLE				[] C	hange Additio
NAME SARDOSS, MARLENE STREET ADDRESS 120 COCONUT LANE		NAM. Stre		ADDRESS				
				T- ZIP				
TITLE Ociete TITLE								hange
STREET ADDRESS STREE			STREET	ADDRESS				
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NAME			NAME				_	-
STREET ADORESS CITY-ST-ZIP			CITY-ST	ADDRESS T-ZIP				
			TITLE NAME		 -			hange 🔲 Additio
NAME STREET ADDRESS			STREET	ADORESS				
CITY-ST-ZIP		☐ Delete	CITY-ST	1-21P				hange
NAME		- Detele	NAME	1DDDCCC			J.	g
STREET ADDRESS CITY-ST-ZIP		/	9/TY-ST					
I hereby certify that the indicated on this report of the corporation or the changed, or on an attal.	e information supplied wi t or supplementat repor- te receiver or frustee on schment with an address	th this filing does not qualify it is true and accurry and that bowered to execute this report with all other we empowered	for the exem my signatur as required d.	nptions contained re shalf have the s d by Chapter 607	t in Chapter 11 same legal effe 7, Florida Statut	9, Florida Statutes. I f ct as if made under or es; and that my name	urther certify tha ath; that I am an appears in Bloc	it the information officer or director k 10 or Block 11 i
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAME OF SIGNA								