

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M33097

FILED  
Mar 28, 2005  
Secretary of State

Entity Name: J.M.R. MANAGEMENT CORPORATION

**Current Principal Place of Business:**

430 C ANSIN BLVD  
HALLANDALE, FL 33009 US

**New Principal Place of Business:**

**Current Mailing Address:**

430 C ANSIN BLVD  
HALLANDALE, FL 33009 US

**New Mailing Address:**

FEI Number: 59-2726413

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROBINSON, RAYMOND L.  
1501 VENERA AVE  
SUITE 300  
CORAL GABLES, FL 33146 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RABIN, JOEL,  
Address: 430 C ANSIN BLVD  
City-St-Zip: HALLANDALE, FL 33009

Title: S ( ) Delete  
Name: ROBINSON, RAYMOND L.  
Address: 1501 VENERA AVE STE 300  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOEL RABIN

PD

03/28/2005

Electronic Signature of Signing Officer or Director

Date