


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90477 037 \*\*\*158.75

<b>DOCUMENT # M45018</b> 1. Entity Name <b>JSJM CORPORATION</b>					
Principal Place of Business <b>6480 SW 62 AVENUE SOUTH MIAMI, FL 33-1463</b>			Mailing Address <b>6480 SW 62 AVENUE SOUTH MIAMI, FL 33-1463</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2765593</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>MIDDLEBROOKS, JOSEPH</b> <del>6480 SW 62ND AVENUE</del> <b>9010 SW 140 ST.</b> <b>SOUTH MIAMI, FL 33143 76</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS MIDDLEBROOKS, JOSEPH <del>6480 SW 62ND AVENUE</del> <b>9010 SW 140 ST.</b> <del>SOUTH MIAMI, FL 33143 76</del>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLEBROOKS, JOSEPH		NAME		
STREET ADDRESS	<del>6480 SW 62ND AVENUE</del> <b>9010 SW 140 ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<del>SOUTH MIAMI, FL 33143 76</del>		CITY-ST-ZIP		
TITLE	D MIDDLEBROOKS, JOSEPH <del>6480 SW 62ND AVENUE</del> <b>9010 SW 140 ST.</b> <del>SOUTH MIAMI, FL 33143 76</del>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLEBROOKS, JOSEPH		NAME		
STREET ADDRESS	<del>6480 SW 62ND AVENUE</del> <b>9010 SW 140 ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<del>SOUTH MIAMI, FL 33143 76</del>		CITY-ST-ZIP		
TITLE	D MIDDLEBROOKS, JOS <del>9010 SW 140 ST.</del> <del>MIAMI, FL 33176</del>		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MIDDLEBROOKS, JOS		NAME		
STREET ADDRESS	<del>9010 SW 140 ST.</del>		STREET ADDRESS		
CITY-ST-ZIP	<del>MIAMI, FL 33176</del>		CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 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: <u>Joseph M. Middlebrooks</u> <b>205 661 2534</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date				Daytime Phone #	