

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 27, 2004
Secretary of State**

DOCUMENT# N95000002690

Entity Name: JLM - HEADQUARTERS, INC.

Current Principal Place of Business:

713 BILTMORE WAY
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

713 BILTMORE WAY
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0657889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPACE, SANDRA C
713 BILTMORE WAY
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

FAIRMAN, SANDRA
713 BILTMORE WAY
CORAL GABLES, FL 33134 US

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: SANDRA FAIRMAN 09/27/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOLL, SUSAN J
Address: 713 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: TD () Delete
Name: HARVEY, LORI
Address: 713 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: VD () Delete
Name: PAULOS, PAMELA F
Address: 713 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

Title: PD () Delete
Name: PACHECO, SUSAN
Address: 713 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: BRITTA, CHAMBERS J
Address: 713 BILTMORE WAY
City-St-Zip: CORAL GABLES, FL 33134

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRITTA CHAMBERS TD 09/27/2004

Electronic Signature of Signing Officer or Director Date