## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N95000002690

Entity Name: JLM - HEADQUARTERS, INC.

**FILED** May 15, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

713 BILTMORE WAY CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

713 BILTMORE WAY CORAL GABLES, FL 33134

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

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

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

SPACE, SONDRA C SPACE, SONDRA C 713 BILTMORE WAY 1245 ANDALUSIA AVE

CORAL GABLES, FL 33134 US 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: SONDRA C SPACE 05/15/2007

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete NIDO, LORETTA C NIDO, LORETTA C Name: Name:

Address: 7900 SW 152 TERRACE Address: 7900 SW 152 TERRACE City-St-Zip: MIAMI, FL 33157 City-St-Zip: MIAMI, FL 33157

Title: () Delete Title: (X) Change ( ) Addition

HONDROULIS, EVANGELIA Name: Name: GONZALEZ, YOLANDA Address: 888 BRICKELL KEY DR. #807 Address: 6701 SW 107 COURT City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33178

Title: () Delete Title: () Change () Addition

DURAN, KATHLEEN B Name: Name: 2154 SW 24 STREET Address: Address: City-St-Zip: MIAMI, FL 33145 City-St-Zip:

(X) Change ( ) Addition Title: ( ) Delete Title:

MARTIN, LORRIEANN Name: Name: HUCKS, VICTORIA 2829 BIRD AVE, SUITE 5 #274 5740 MICHELANGELO STREET Address: Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

Ρ SIGNATURE: VICTORIA HUCKS 05/15/2007