2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005369

FILED Mar 24, 2009 Secretary of State

Entity Name: THE JPM CENTRE AT MIAMI GARDENS DRIVE, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
	'. 183RD STRE	NISTRIES CHURCH ET			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
	'. 183RD STRE	NISTRIES CHURCH ET			
El Number	r: 65-1021284	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	d Address of C	Current Registered Agent:	Name and Address	of New Registered Agent:	
	5, ISAIAH S JR 7. 183RD STRE 1. 33055 US				
	e named entity e of Florida.	submits this statement for the	purpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE:				
	Electror	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Jame: Address: Dity-St-Zip:	PD (WILLIAMS, ISA 4055 NW 183R MIAMI, FL 330	RD STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title.	VDD () Delete	Title:	() Change () Addition	
ītle: lame: lddress: City-St-Zip:	VPD (WILLIAMS, GL 3076 OLD STIL WESTON, FL	LL LN	Name: Address: City-St-Zip:		
lame: \ddress:	WILLIAMS, GL 3076 OLD STIL WESTON, FL TD (HARIG, TERRY 3101 S.W. 32N	LL LN 33331) Delete	Name: Address:	()Change ()Addition	
Name: Address: Dity-St-Zip: Title: Name: Address:	WILLIAMS, GL 3076 OLD STIL WESTON, FL TD (HARIG, TERRY 3101 S.W. 32N HOLLYWOOD,	LL LN 33331) Delete ID AVENUE FL 330235706) Delete NNEE SE CT.	Name: Address: City-St-Zip: Title: Name: Address:	() Change () Addition () Change () Addition	
lame: Address: Dity-St-Zip: Title: Jame: Address: Dity-St-Zip: Title: Jame: Address:	WILLIAMS, GL 3076 OLD STIL WESTON, FL TD (HARIG, TERRY 3101 S.W. 32N HOLLYWOOD, SD (DAWSON, REN 11249 CABOO JACKSONVILL	LL LN 33331) Delete , ID AVENUE FL 330235706) Delete NNEE SE CT. E, FL 32257) Delete E COURT	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:		

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.

SIGNATURE: TERRY HARIG TD 03/24/2009