

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90383 004 \*\*\*150.00

**DOCUMENT # P00000032107**

1. Entity Name

THE JMK GROUP, INC.



Principal Place of Business

4100 N. POWERLINE RD.  
T1  
POMPANO BEACH FL 33073

Mailing Address

4100 N. POWERLINE RD.  
T1  
POMPANO BEACH FL 33073

2. Principal Place of Business

2521 NW 17th Lane  
Suite 3

3. Mailing Address

2521 NW 17th Lane  
Suite 3

City & State

Pompano, Fla

City & State

Pompano, Fla

Zip

33064

Country

Broward

Zip

33064

Country

Broward

6. Name and Address of Current Registered Agent

KARNEY, WILLIAM M ESQ  
915 MIDDLE RIVER DRIVE SUITE 506  
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT  
NAME RAIANO, JIM  
STREET ADDRESS 4100 N POWERLINE ROAD SUITE T-1  
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE DVPS  
NAME RAIANO, KAREN  
STREET ADDRESS 4100 N POWERLINE ROAD SUITE T-1  
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
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

JAMES RAIANO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.12.04 954.9792420

Date

Daytime Phone #