

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2006 8:00 am
Secretary of State

06-19-2006 90004 020 ***158.75

DOCUMENT # P00000051558 1. Entity Name JCM CONSULTANTS, INC.			
Principal Place of Business 15670 S.W. 152ND AVENUE MIAMI, FL 33187		Mailing Address 15670 S.W. 152ND AVENUE MIAMI, FL 33187	
2. Principal Place of Business 8401 SW 184TH ST Suite, Apt. #, etc. N/A		3. Mailing Address 8401 SW 184TH ST Suite, Apt. #, etc. N/A	
City & State PALMETTO BAY FL Zip 33157 Country USA		City & State PALMETTO BAY FL Zip 33157 Country USA	
4. FEI Number 65-1012304		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MUNIZ, JUAN C 15670 S.W. 152ND AVENUE MIAMI, FL 33187		7. Name and Address of New Registered Agent Name MUNIZ, JUAN C Street Address (P.O. Box Number is Not Acceptable) 8401 SW 184TH ST City PALMETTO BAY FL Zip Code 33157	
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 DATE 22 MAY 2006 <small>Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MUNIZ, JUAN C 15670 S.W. 152ND AVENUE MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JUAN C MUNIZ 8401 SW 184TH ST PALMETTO BAY FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FERRER-MUNIZ, ELENA 15670 S.W. 152ND AVENUE MIAMI, FL 33187 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ELENA F MUNIZ 8401 SW 184TH ST PALMETTO BAY FL 33157
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 22 MAY 2006 Daytime Phone # 305-257-0591	