

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000025169

Entity Name: CM & JD, CORP.

FILED
Apr 20, 2008
Secretary of State

Current Principal Place of Business:

10239 NW 9TH ST CIR
APT 209
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

10239 NW 9TH ST CIR
APT 209
MIAMI, FL 33172

New Mailing Address:

FEI Number: 65-1112257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, CESAR W
10239 NW 9TH ST CIR
APT 209
MIAMI, FL 33172 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MARTINEZ, CESAR WALTER
Address: 10239 NW 9TH ST CIR
City-St-Zip: MIAMI, FL 33172

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MARTINEZ, CESAR WALTER
Address: 10239 NW 9TH ST CIR APT 209
City-St-Zip: MIAMI, FL 33172

Title: VP () Change (X) Addition
Name: MARTINEZ, MONICA E VP
Address: 10239 NW 9TH ST CIR APT 209
City-St-Zip: MIAMI, FL 33172

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

SIGNATURE: MONICA E. MARTINEZ

VP

04/20/2008

Electronic Signature of Signing Officer or Director

_____ Date