2005 FOR PROFIT CORPORATION

Apr 19, 2005 08:00 AM Secretary of State ANNUAL REPORT **DOCUMENT # P01000027626** 1. Entity Name J M DARSHAM, INC. Principal Place of Business ...Mailing Address 8348 SW 161ST. PLACE 8348 SW 161ST. PLACE MIAMI, FL 33193 MIAMI, FL 33193 04152005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1086297 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PACHECO, MARIA DO NOT WRITE 8348 SW 161ST, PLACE MIAMI, FL 33193 __ IN THIS SPACE 3. 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE PACHECO, MARIA N NAME STREET ADDRESS 8348 SW 161ST PLACE CITY-ST-ZIP MIAMI, FL 33193 U00000315375 04/19/05-80032-010 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), 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:

CITY-ST-ZIP

R PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED