


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2004 8:00 am
Secretary of State

04-21-2004 90021 041 ***150.00

DOCUMENT # P01000044756	
1. Entity Name JMM SERVICES, CORP.	
	
Principal Place of Business 10474 BOYTON PLACE CIRCLE #632 BOYTON BEACH, FL 33437	Mailing Address 10474 BOYTON PLACE CIRCLE #632 BOYTON BEACH, FL 33437

34037310



04152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1098537	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent RIMOLA, MARIA 10474 BOYTON PLACE CIRCLE #632 BOYTON BEACH, FL 33437

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RIMOLA, MARIA 10474 BOYTON PLACE CIRCLE #632 BOYTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BEDOYA, JOSE E 10474 BOYTON PLACE CIRCLE #632 BOYTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BEDOYA, WOLFFAUG 10474 BOYTON PLACE CIRCLE #632 BOYTON BEACH, FL 33437
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: Maria Rimola
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/04
Date

Daytime Phone #