


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90071 042 \*\*\*150.00

<b>DOCUMENT # P01000051537</b> 1. Entity Name <b>JMAX CAREGIVERS, INC.</b> <i>Change of address</i>			
Principal Place of Business <del>12350 SW 132 COURT SUITE 208 MIAMI, FL 33186</del> <b>11323 SW 165 Terr. Miami, FL 33157</b>		Mailing Address <del>12350 SW 132 COURT SUITE 208 MIAMI, FL 33186</del> <b>11323 SW 165 Terrace Miami, FL 33157</b>	
2. Principal Place of Business - No P.O. Box # <b>11323 SW 165 Terr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>11323 SW 165 Terr.</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33157</b>		City & State <b>Miami, FL</b> Zip <b>33157</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>	
4. FEI Number <b>65-1112989</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MAXWELL, JENNIFER P</b> <b>11323 SW 165TH TERRACE</b> <b>MIAMI, FL 33157</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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: <u><i>Jennifer Maxwell, President</i></u> <span style="float: right;">DATE: <u>4/21/08</u></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>D</b> NAME <b>MAXWELL, JENNIFER</b> STREET ADDRESS <b>11323 SW 165 TERR</b> CITY-ST-ZIP <b>MIAMI, FL 33157</b>	<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
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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: <u><i>Jennifer Maxwell</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/21/08</u> <span style="float: right;">Daytime Phone # <u>305.252.3255</u></span>	