2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 02, 2007 08:00 A Secretary of State DOCUMENT # P01000091861 1. Entity Name J & M PROPERTY MANAGEMENT INC. Principal Place of Business Mailing Address 15668 100TH LANE N. 15668 100TH LANE N. WEST PALM BEACH, FL 33412-2546 WEST PALM BEACH, FL 33412-2546 No Chg-P 04122007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1139994 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CENTENO, MARGARITA DO NOT WRITE 15668 100TH LANE N. WEST PALM BEACH, FL 33412-2546 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 4.14.07 (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CENTENO, MARGAITA NAME STREET ADDRESS 15668 100TH LANE N. CITY-ST-ZIP WEST PALM BEACH, FL 334122546 TITLE CENTENO, JOSE NAME STREET ADDRESS 15668 100TH LANE N. CITY-S1-ZIP WEST PALM BEACH, FL 334122546 TITLE NAMÉ STREET ADDRESS DO NOT WRITE CITY-ST-2tP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST-ZIP U000000755799 05/23/07-80004-018 150.0W TITLE

FILED

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 charged, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:	Margarita	Centeral Morge	arita CENTENO	4/14/07-561-333-3207
	GIGNATURE AND TYPED OR PRINTE	D NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #