


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000118651 1. Entity Name JME OF SOUTH FLORIDA, INC.	
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Principal Place of Business 1871 BAYBERRY DR PEMBROKE PINES, FL 33024	Mailing Address 1871 BAYBERRY DR PEMBROKE PINES, FL 33024
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DO NOT WRITE IN THIS SPACE



02262004 No Chg-P CR2E034 (10/03)

4. FEI Number 01-0548210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent NOFIL, JOSEPH K P.A. 3284 N ST RD 7 LAUDERDALE LAKES, FL 33319

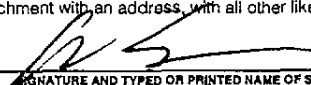
DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U000000077922 03/08/04-80007-003 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTS ESCHBAUGH, JACQUELYN 1871 BAYBERRY DR PEMBROKE PINES, FL 33024
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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:  ROBERT ESCHBAUGH 3/1/04 954 460 0510
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>
<small>Date</small>
<small>Daytime Phone #</small>