

192

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 JUL 23 PM 3:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000119933

1. Entity Name  
J-MIMA, INC.



Principal Place of Business  
8430 NW 40TH ST  
CORAL SPRINGS, FL 33065

Mailing Address  
PO BOX 670524  
CORAL SPRINGS, FL 33067



07222004 No Chg-P CR2E034 (10/03) MRS

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
01-0651282 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CLAXTON, MYRNA  
4201 NW 75 AVE  
CORAL SPRINGS, FL 33065

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME CAMPBELL, ISABELLE  
STREET ADDRESS 4201 NW 75 AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE TD  
NAME CAMPBELL, LAWFORD II  
STREET ADDRESS 4201 NW 75 AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE SD  
NAME CAMPBELL, JUWANZA  
STREET ADDRESS 4201 NW 75 AVE  
CITY-ST-ZIP CORAL SPRINGS, FL 33065

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800039731228  
07/30/04--01041--017 \*\*150.00

**DO NOT WRITE  
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7-20-04