2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 04, 2004 08:00 AM DOCUMENT # P01000121151 Secretary of State 1. Entity Name JMX, INC. Principal Place of Business Mailing Address 1610 N. OCEAN BLVD. #1205 1610 N. OCEAN BLVD. #1205 POMPANO BEACH, FL 33062 POMPANO BEACH, FL 33062 01212004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 80-0004888 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WASHING, JOHMMEN DO NOT WRITE 1610 N. OCEAN BLVD. #1205 POMPANO BEACH, FL 33062 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. (NOTE, Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE WASHNG, JOHMMEN NAME STREET ADDRESS 1610 N. OCEAN BLVD. #1205 CITY-ST-ZIP POMPANO BEACH, FL 33062 TITLE U00000034819 MAME 02/05/04-80038-011 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST - ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE F NAME STREET ADDRESS CITY-ST-ZIP 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 trustae 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 attachagent with an address, with all other like empowered.

Johnmen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE:

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