## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000025983

Entity Name: JMJ MANAGEMENT SERVICES, INC.

FILED Feb 05, 2009 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business: New Principal Place of Business:

 10048 SW 220 STREET
 1825 N.W. 175 STREET

 MIAMI, FL 33190
 MIAMI GARDENS, FL 33056

Current Mailing Address: New Mailing Address:

10048 SW 220 STREET 1825 N.W. 175 STREET MIAMI, FL 33190 1825 N.W. 175 STREET MIAMI GARDENS, FL 33056

FEI Number: 01-0622061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAIRAM, DAREN
10048 SW 220 STREET
MIAMI, FL 33190 US
JAIRAM, DAREN
1825 NW 175 STREET
MIAMI GARDENS, FL 33056 US

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.

SIGNATURE: DAREN JAIRAM 02/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

D () Delete Title: D (X) Change () Addition

 Name:
 JAIRAM, DAREN
 Name:
 JAIRAM, DAREN

 Address:
 10048 SW 220 STREET
 Address:
 1825 NW 175 STREET

 City-St-Zip:
 MIAMI, FL 33190
 City-St-Zip:
 MIAMI GARDENS, FL 33056

Title: D ( ) Delete Title: D (X) Change ( ) Addition
Name: JAIRAM MARLENE
Name: JAIRAM MARLENE

 Name:
 JAIRAM, MARLENE
 Name:
 JAIRAM, MARLENE

 Address:
 10048 SW 220 STREET
 Address:
 1825 NW 175 STREET

 City-St-Zip:
 MIAMI, FL 33190
 City-St-Zip:
 MIAMI GARDENS, FL 33056

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAREN JAIRAM D 02/05/2009