2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 08, 2007 08:00 AM Secretary of State

DOCUMENT	# Phanc	በስለለበ	USE	
DOCUMENT	かし ひとひし	,UU4U	UUU	

JM BUILDING SERVICES, INC.



Principal Place of Business

Mailing Address

1630 S.W. 23RD TERRACE FT LAUDERDALE, FL 33312

FT LAUDERDALE, FL 33312

SIGNATURE:

1630 S.W. 23RD TERRACE FT LAUDERDALE, FL 33312



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01122007	01122007 No Chg-P		CR2E034 (11/05)		
4. FEI Number	,		Applied For		
61-1409774			Not Applicable		
		40.70	-		

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Davime Phone #

MADDEN, JOHN M 1630 S.W. 23RD TERRACE

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						
	E NOWI!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADDEN, JOHN M 1630 S.W. 23RD TERRACE FT LAUDERDALE, FL 33312					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					000000659882 03/19/07-80004-016 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN 7	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the information supplied with his filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or supplied either 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 received of 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 attractment with an address, with a other like empowered.						

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR