

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000063187 1. Entity Name J M INVESTIGATIONS AND INVESTMENTS, INC.						FILED 07 MAR 27 PM 4:59 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 13154 SW 20 TERRACE MIAMI, FL 33175				Mailing Address 13154 SW 20 TERRACE MIAMI, FL 33175			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent MAQDALENO, JUAN J <i>CORRECTION OF NAME</i> 13154 SW 20 TERRACE MIAMI, FL 33175				7. Name and Address of New Registered Agent Name JUAN J. MAGDALENO Street Address (P.O. Box Number is Not Acceptable) 13154 SW 20 Terr. City MIAMI FL Zip Code 33175			
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: (NOTE: Registered Agent signature required when reinstating) DATE:							
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MAQDALENO, JUAN C <input checked="" type="checkbox"/> Delete 618 VELARDE AVE CORAL GABLES, FL 33134			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JUAN J. MAGDALENO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 300095892083 04/05/07--01036--005 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS <input type="checkbox"/> Delete MAQDALENO, JUAN J 13154 SW 20 TERR MIAMI, FL 33175			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							