

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90288 011 \*\*\*150.00

<b>DOCUMENT # P02000087396</b>																																																																													
<b>1. Entity Name</b> JM TECHNOLOGIES, INC.																																																																													
<b>Principal Place of Business</b> 4810 NW 79TH AVENUE SUITE 104 MIAMI, FL 33166			<b>Mailing Address</b> 4810 NW 79TH AVENUE SUITE 104 MIAMI, FL 33166																																																																										
<b>2. Principal Place of Business</b> 4350 NW 79TH AVENUE			<b>3. Mailing Address</b> 4350 NW 79TH AVENUE																																																																										
Suite, Apt. #, etc. 2C			Suite, Apt. #, etc. 2C																																																																										
City & State MIAMI FL			City & State MIAMI FL																																																																										
Zip 33166		Country USA		Zip 33166																																																																									
Country USA		04272005    Chg-P    CR2E034 (10/03)																																																																											
<b>4. FEI Number</b> 51-0424727				Applied For <input type="checkbox"/> Not Applicable																																																																									
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>																																																																									
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code																																																																										
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D. MATAMOROS, JOSE L</td> <td style="width: 10%; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 55%; padding: 2px;">D MATAMOROS, JOSE L</td> <td style="width: 10%; padding: 2px;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">4810 NW 79TH AVENUE, SUITE 104</td> <td></td> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">4350 NW 79TH AVENUE SUITE 2C</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">MIAMI, FL 33166</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">MIAMI, FL 33166</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> <td style="padding: 2px;">CITY - ST - ZIP</td> <td style="padding: 2px;"></td> <td></td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE	D. MATAMOROS, JOSE L	<input type="checkbox"/> Delete	TITLE	D MATAMOROS, JOSE L	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	4810 NW 79TH AVENUE, SUITE 104		NAME	4350 NW 79TH AVENUE SUITE 2C		STREET ADDRESS	MIAMI, FL 33166		STREET ADDRESS	MIAMI, FL 33166		CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP			CITY - ST - ZIP		
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<b>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.</b>																																																																													
<b>SIGNATURE:</b> <i>Jose Matamoros</i>			Date <i>April 26/2005</i> Daytime Phone #																																																																										
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																													