


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000096134</b> 1. Entity Name JRM INDUSTRIES, INC.	
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Principal Place of Business 304 PALERMO AVE CORAL GABLES, FL 33134	Mailing Address 304 PALERMO AVE CORAL GABLES, FL 33134
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**DO NOT WRITE IN THIS SPACE**

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 86-1069006	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  DE LA CAMARA, FRANCISCO 304 PALERMO AVE CORAL GABLES, FL 33134
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when rechartering) DATE \_\_\_\_\_


<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DE LA CAMARA, FRANCISCO 615 ESCOBAR CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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U00000344827  
04/30/05-80011-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR F. DE LA CAMARA	4-26-05 Date	305-448-5585 Daytime Phone #
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