
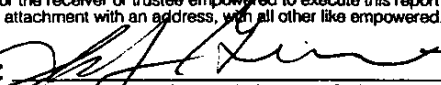


ORIGINAL

2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

FILED  
Apr 17, 2008 8:00 am  
Secretary of State

04-17-2008 90026 002 \*\*\*150.00

|  |   |         |   |   |         |
|--|---|---------|---|---|---------|
| <b>DOCUMENT # P02000100929</b>   |   |         |   |    |         |
| 1. Entity Name<br><b>JMG PROPERTY MANAGEMENT CORP.</b>   |   |         |   |   |         |
| Principal Place of Business<br><b>957 SW 10TH CT<br/>POMPANO BEACH, FL 33060</b>   |   |         | Mailing Address<br><b>957 SW 10TH CT<br/>POMPANO BEACH, FL 33060</b>  |   |         |
| 2. Principal Place of Business - No P.O. Box #<br><b>957 SE 10th COURT</b>   |   |         | 3. Mailing Address<br><b>957 SE 10th COURT</b>  |   |         |
| Suite, Apt. #, etc.  |   |         | Suite, Apt. #, etc.   |   |         |
| City & State   |   |         | City & State  |   |         |
| Zip  |   | Country | Zip   |   | Country |
| 4. FEI Number<br><b>16-1634900</b>   |   |         |   | Applied For<br><input type="checkbox"/> Not Applicable  |         |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |         |   | <b>\$8.75 Additional Fee Required</b>   |         |
| 6. Name and Address of Current Registered Agent<br><b>GROSHEIM, JEFFREY L<br/>957 SW 10TH CT<br/>POMPANO BEACH, FL 33060</b>   |   |         |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code   |         |
| 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 _____  |   |         |   |   |         |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>  |   |         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |         |
| 10. OFFICERS AND DIRECTORS   |   |         | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>GROSHEIM, JEFFREY L<br>957 SW 10TH CT<br>POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>GROSHEIM, JEFFREY L<br>957 SE 10th COURT<br>POMPANO BEACH FL 33060 <input type="checkbox"/> Change <input type="checkbox"/> Addition |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Delete   |         | TITLE<br>NAME<br>STREET ADDRESS<br>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:    |   |         | 4/1/08 9547703828   |   |         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |   |         | Date Daytime Phone #  |   |         |