2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P03000060607



FILED May 10, 2004 8:00 am Secretary of State

05-10-2004 90462 048 ***150.00

Maling Address OD DEE, RAPPADORT & COMPANY, P.A. 9770 BANNEADONS ROAD - SUFE #133 ACCSOMMLE, F. 1 32256 2. Principal Prace of Business Suite, Apt. 4, etc. Design Frace of Business Suite, Apt. 4, etc. Des	Entity Nam JMG MAN		T ASSOCIAT	ES, INC		İ						
Suite. Apr. 4, etc. Suite. Apr. 4, etc. Suite. Apr. 6, etc. City & State	C/O JOEL RAPPAPORT & COMPANY, P.A. 9770 BAYMEADOWS ROAD - SUITE #133 9770 BAYMEADOWS RO					ROAD - St			71/20 (IVI) 86(I) 86(I) 88	i fi all a c ipli al eil		11 15 1 (1 120)
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S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent S. Name and Address of New Registered Agent S. Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) F. D. Zip Coda R. The above named entry Submits this statement for the purpose of changing its registered office or registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligations of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligations of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligations of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligation of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligation of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligation of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligation of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the deligation of registered agent, or bojn, in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with, and accept in the State of Florids. I am figuritar with accept in the State of Florids. I am figuritar with accept in the State of Florids. I am figuritar with accept in the State of Florids. I am figuritar with accept in the State of Florids. I am figuritar with accept in the State of Florids. I am figuritar	City & Stat	itate			City & State			4. FEI Number	0 - 00317	35		
Name	Zip				Zip	Coun	ntry	5. Certificate of	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zp Code		6. Name ar	nd Address of Cui	rent Regis	tered Agent			7. Name and	Address of New R	egistered Ag	ent	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	0015051	0 LITOSO .	,	•	- · -	•	Name		*			1
City FL Zip Code 8. The above names entity Submiss 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 depth of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the depth of the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the depth of the purpose of the familiar purpose of the corpose of t	1840 SW 22ND ST. 1995						Street Address	s (P.O. Box Numbe	r is Not Acceptable)		
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SIGNATURE: Change Delde TILE	ذ.					City			FL	210000		
SIGNATURE: Change Addition	the obligations of registered agent.											
### FILE NOWIN! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 And the May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11.		Signature, typed on	printed name of registered	agent and title	if applicable. (No	OTE: Registere	nd Agent signature requir	red when reinstating)		DATE		
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signature: Val Cuillet Changed, or on an attachmen with an address with all other like empowered.	CITY-ST-ZIP 12. I hereby indicated	d on this report of	or supplemental rei	port is true a	and accurate and tha	for the exe	r-ST-ZIP emption stated in States the	e same legal effect	t as if made under o	oath; that I ar	n an officer	or director
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