
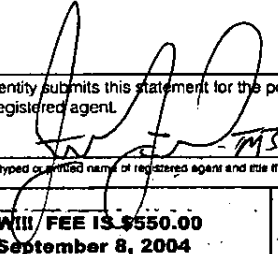
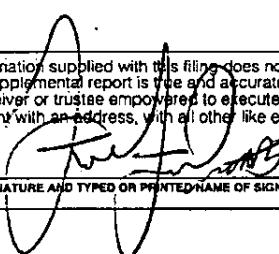


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

9/30/2004-90012-043-\$550.00-\$550.00

FILED  
04 OCT 15 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000111713					
1. Entity Name JMB EMPIRE INC.					
Principal Place of Business 565 NW 153RD STREET MIAMI, FL 33169			Mailing Address 565 NW 153RD STREET MIAMI, FL 33169		
2. Principal Place of Business 247. NE 166 STREET			3. Mailing Address P.O. Box 681293		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State N. MIAMI BEACH FL.			City & State MIAMI FL.		
Zip 33162		Country DADE		Zip 33168-1293	
				Country DADE	
6. Name and Address of Current Registered Agent BENJAMIN, JEAN-MAX 565 NW 153RD STREET MIAMI, FL 33169				7. Name and Address of New Registered Agent Name: JEAN-MAX BENJAMIN Street Address (P.O. Box Number is Not Acceptable): 565 NW 153 STREET City: MIAMI FL Zip Code: 33169	
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:  JEAN-MAX BENJAMIN				DATE: 10-11-04	
SIGNATURE, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004			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	President JEAN-MAX BENJAMIN 565 NW 153 street MIAMI FL 33169 <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	
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 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.					
SIGNATURE: 			Date: Sept 27, 04 Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					