
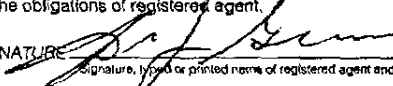



ORIGINAL
2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000119915		
1. Entity Name JMM PROPERTY MANAGEMENT, INC.		
Principal Place of Business 957 SE 10TH CT. POMPANO BCH, FL 33060	Mailing Address 957 SE 10TH CT. POMPANO BCH, FL 33060	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GROSHEIM, JEFFREY 957 SE 10TH CT. POMPANO BCH, FL 33060		03262006 No Chg-P CR2E034 (11/05) 4. FEI Number 20-0405971 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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:  JEFF GROSHEIM 4/3/06 <small>(Signature, typed or printed name of registered agent and date if applicable) (NOTE: Registered Agent signature required when reappointing) DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSHEIM, JEFFREY 957 SE 10TH CT. POMPANO BCH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODY, MEENA 957 SE 10TH CT. POMPANO BCH, FL 33060	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE 1000000501157 04/25/06-80050-017 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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:  JEFFREY GROSHEIM 4/3/06 9547703828 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		