

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P03000119915

1. Entity Name
JMM PROPERTY MANAGEMENT, INC.



FILED Apr 20, 2007 08:00 AM Secretary of State

Principal Place of Business

957 SE 10TH CT.

POMPANO BCH, FL 33060

Mailing Address

957 SE 10TH CT.

POMPANO BCH, FL 33060



04052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 20-0405971

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROSHEIM, JEFFREY 957 SE 10TH CT. POMPANO BCH, FL 33060

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				114 1	THO OF AGE
the obligat	named entity submits this statement for the ptions of registered agent.	ourpose of changing its registere	ed office or	registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	d applicable. (NOTE: Registered	s Agent signatur	re required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSHEIM, JEFFREY 957 SE 10TH CT. POMPANO BCH, FL 33060				U00000718606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODY, MEENA 957 SE 10TH CT. POMPANO BCH, FL 33060				05/01/07-80030-001 150.0
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
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TITLE		MARK OF THE	•	i	

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 trueted impowered 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 a garriess, with all pther like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/05

954703828

Daytime Phone #