
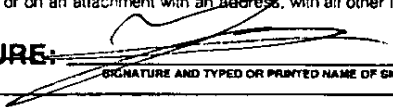


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90097 012 \*\*\*150.00

<b>DOCUMENT # P03000130959</b> 1. Entity Name <b>J.C.M.H. CORPORATION</b>					
Principal Place of Business <b>3802 NE 207TH STREET, TH 2/2 AVENTURA FL 33180</b>			Mailing Address <b>3802 NE 207TH STREET, TH 2/2 AVENTURA FL 33180</b>		
2. Principal Place of Business <b>Continental EXTRUSION</b> Suite, Apt. #, etc. <b>8209 N.W., 74th AVE.</b>		3. Mailing Address <b>J.C.M.H. CORP.</b> Suite, Apt. #, etc. <b>10225 COLLINS AVE, #1502</b>			
City & State <b>MEDLEY, FLORIDA</b>		City & State <b>BAL-HARBOUR, FLORIDA</b>		4. FEI Number <b>20-0725575</b>	
Zip <b>33166</b>		Country <b>U.S.A.</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>KIERSON, JACOB 3802 NE 207TH STREET, TH 2/2 AVENTURA FL 33180</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing.)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</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 <b>D</b>	NAME <b>KIERSON, JACOB</b>		TITLE <b>KIERSON JACOB</b>	NAME <b>KIERSON JACOB</b>	
STREET ADDRESS <b>3802 NE 207TH STREET, TH 2/2</b>	CITY-ST-ZIP <b>AVENTURA FL 33180</b>		STREET ADDRESS <b>10225 Collins Av #1502</b>	CITY-ST-ZIP <b>Bal Harour, FL 33154</b>	
TITLE <b>D</b>	NAME <b>KIERSON, CELIA</b>		TITLE <b>KIERSON CELIA</b>	NAME <b>KIERSON CELIA</b>	
STREET ADDRESS <b>3802 NE 207TH STREET, TH 2/2</b>	CITY-ST-ZIP <b>AVENTURA FL 33180</b>		STREET ADDRESS <b>10225 collins Av #1502</b>	CITY-ST-ZIP <b>Bal Harbour, FL 33154</b>	
TITLE <b>D</b>	NAME <b>KIERSON, MALCA</b>		TITLE <b>KIERSON MALCA</b>	NAME <b>KIERSON MALCA</b>	
STREET ADDRESS <b>3802 NE 20TH ST.</b>	CITY-ST-ZIP <b>AVENTURA FL 33180</b>		STREET ADDRESS <b>10225 Collins Av #1502</b>	CITY-ST-ZIP <b>Bal Harbour, FL 33154</b>	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
TITLE _____	NAME _____		TITLE _____	NAME _____	
STREET ADDRESS _____	CITY-ST-ZIP _____		STREET ADDRESS _____	CITY-ST-ZIP _____	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 			<b>KIERSON JACOB</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>3-10-06</b> Daytime Phone # <b>305-888-6600</b>		



ATTACHMENT  
66005314

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 2, 2006

J.C.M.H. CORPORATION  
J.C.M.H. CORP.  
10225 COLLINS AVE., #1502  
BAL-HARBOUR, FL 33154

Subject: J.C.M.H. CORPORATION

Reference Number: P03000130959

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/CD

ANNUAL REPORTS SECTION