


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90059 036 ***150.00

DOCUMENT # P03000130959	
1. Entity Name J.C.M.H. CORPORATION	

Principal Place of Business CONTINENTAL EXTRUSION 14351 COMMERCE WAY UNIT #12 MIAMI LAKES, FL 33016	Mailing Address J.C.M.H. CORP. 14351 COMMERCE WAY UNIT #12 MIAMI LAKES, FL 33016
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2. Principal Place of Business - No P.O. Box # 14351 Commerce Way Unit #12	3. Mailing Address 14351 Commerce Way Unit #12
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Miami Lakes, FL	City & State Miami Lakes, FL
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4. FEI Number 20-0725575	Applied For <input type="checkbox"/> Not Applicable
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Zip 33016	Country Miami Dade	Zip 33016	Country Miami Dade
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KIERSON, JACOB 14351 COMMERCE WAY UNIT #12 MIAMI LAKES, FL 33016	
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7. Name and Address of New Registered Agent Name Kierson Jacob Street Address (P.O. Box Number is Not Acceptable) 14351 Commerce Way, Unit #12 City Miami Lakes, FL Zip Code 33016	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D KIERSON, JACOB 14351 COMMERCE WAY UNIT #12 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D KIERSON, CELIA 14351 COMMERCE WAY UNIT #12 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D KIERSON, MALCA 14351 COMMERCE WAY UNIT #12 MIAMI LAKES, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 14351 Commerce Way, Unit #12 Miami Lakes, FL 33016
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"/> Change <input type="checkbox"/> Addition
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 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:  **JACOB KIERSON** **4-9-2007** **305-888-6600**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #