



**FILED**  
**Mar 04, 2005 8:00 am**  
**Secretary of State**

50022561

<b>DOCUMENT # P04000010312</b>				03-04-2005 90094 040 ***150.00	
1. Entity Name <b>PLANET JM &amp; K CORPORATION</b>					
Principal Place of Business 10661 N. KENDALL DRIVE SUITE 231 MIAMI, FL 33176-1550		Mailing Address 3529 S.W. 112 PLACE MIAMI, FL 33165		5002256	
2. Principal Place of Business		3. Mailing Address 3529 SW 112 Pl			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01072005 Chg-P CR2E034 (10/03)	
City & State		City & State MIAMI FL.		4. FEI Number 20-0598477	
Zip		Zip		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
MAZZA-MARTINEZ, TANIA A MS. 780 NW 42 AVE SUITE 420 MIAMI, FL 33126		Name BOB BENITEZ Street Address (P.O. Box Number is Not Acceptable) 3529 SW 112 Pl City MIAMI FL Zip Code 33165			
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 BOB BENITEZ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when relocating)					
DATE 2/12/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		
P,S MEDINA, JAVIER E MR. 780 NW 42 AV. SUITE 420 MIAMI, FL 33126			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D. MEDINA, NORA E MS. 780 NW 42 AV. SUITE 420 MIAMI, FL 33126			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
D. MEDINA, EKATERINA 780 NW 42 AV. SUITE 420 MIAMI, FL 33126			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<input type="checkbox"/> Delete			<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: Javier Medina 2/12/05 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					