

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90053 007 ***150.00

DOCUMENT # P04000010312 1. Entity Name PLANET JM & K CORPORATION					
Principal Place of Business 3529 SW 112 PL MIAMI, FL 33165			Mailing Address 3529 S.W. 112 PLACE MIAMI, FL 33165		
2. Principal Place of Business - No P.O. Box # 7555 SW 153 PL.		3. Mailing Address Suite, Apt. #, etc. 205			
Suite, Apt. #, etc. 205					
City & State MIAMI FL.		City & State MIAMI FL.		4. FEI Number 20-0598477	
Zip 33193		Country MIAMI DADE		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BENITER, BOB 3529 SW 112 PL MIAMI, FL 33165				7. Name and Address of New Registered Agent Name MEDINA EKATERINA Street Address (P.O. Box Number if Not Applicable) 7555 SW 153 PL # 205 City MIAMI FL 33193	
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: <u><i>EKATERINA</i></u> <small>Signature, typed or printed name of registered agent (not file if applicable) (NOTE: Registered Agent signature required when reinstating) DATE:</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MEDINA JAVIER 7555 SW 153 PL # 205 MIAMI FL. 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MEDINA, NORA E MS. 780 NW 42 AV. SUITE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA NORA 7555 SW 153 PL # 205 MIAMI FL. 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. MEDINA, EKATERINA 780 NW 42 AV. SUITE 420 MIAMI, FL 33126	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEDINA EKATERINA 7555 SW 153 PL # 205 MIAMI FL. 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	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: changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Javier Medina</i></u> <u><i>JAVIER MEDINA</i></u> <u><i>4/28/07</i></u> <u><i>786-499-1818</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #</small>					