

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000056402

1. Entity Name
JMMV P.A.



FILED

05 JAN 31 PM 2:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2716 SW 137 AVE.
MIAMI, FL 33175

Mailing Address
2716 SW 137 AVE.
MIAMI, FL 33175

2. Principal Place of Business

8370 W Flagler

3. Mailing Address

8370 W Flagler St

Suite, Apt. #, etc.

222

Suite, Apt. #, etc.

222

City & State

Miami FL

City & State

Miami FL

Zip

33143

Country

DADE

Zip

33143

Country

DADE

01282005

Chg-P

CR2E034 (10/03)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MIRANDA, JOSE M
2716 SW 137 AVE.
MIAMI, FL 33175

7. Name and Address of New Registered Agent

Name

Rosa Danaou

Street Address (P.O. Box Number is Not Acceptable)

13466 SW 28 St

City

Miami

FL

Zip Code

33

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee will be \$650.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME MIRANDA, JOSE M M.D.
STREET ADDRESS 220 SW 134 AVE.
CITY-ST-ZIP MIAMI, FL 33184 ☒ Delete

TITLE P
NAME MIRANDA, JOSE M M.D.
STREET ADDRESS 2716 SW 137 AVE.
CITY-ST-ZIP MIAMI, FL 33175 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME ROSA DANAOU
STREET ADDRESS 13466 SW 28 St
CITY-ST-ZIP MIAMI FL 33175 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN-28-05 (205) 554-7963

Date

Daytime Phone #