

Apr. 22, 2005 10:25AM

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90276 001 ***150.00

DOCUMENT # P04000062165			
1. Entity Name JMM OF SOUTH FLORIDA INC.			
Principal Place of Business 105 S. NARCISSUS AVE. SUITE #11 WEST PALM BEACH, FL 33401		Mailing Address 816 CLEARWATER RD. APT # 1209 / 1202 WEST PALM BEACH, FL 33401	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		State, Apt. #, etc APT. 1202	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent MEDGEBOW, JEFF M 816 CLEARWATER RD. APT # 1209 / 1202 WEST PALM BEACH, FL 33401		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) APT # 1202 City FL Zip Code	
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>Jeff M Medgebow</i></u> DATE: <u>4/20/05</u> Signature must be printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P MEDGEBOW, JEFF M 816 CLARWATER RD #1109 WEST PALM BEACH, FL 33401 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC ROGERS, H.P. TODD 7660 SILVERWOODS CT. BOCA RATON, FL 33433 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	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)(l), 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 lines empowered.			
SIGNATURE: <u><i>Jeff M Medgebow</i></u>		Date: <u>4/20/05</u> 561 833-4321	