

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

03-10-2005 90164 007 ***150.00

DOCUMENT # P04000091101		
1. Entity Name JMZ INCORPORATED		

Principal Place of Business 2030 S. W. 36TH TERRACE FORT LAUDERDALE, FL 33312 US	Mailing Address 2030 S. W. 36TH TERRACE FORT LAUDERDALE, FL 33312 US
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66009946



2. Principal Place of Business 2030 SW 36th Terr.	3. Mailing Address 2030 SW 36th Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03072005 Chg-P CR2E034 (10/03)

City & State FL. Land. FL	City & State FL. Land. FL
Zip 33312	Country Broward

4. FEI Number 20-1244940	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ZENCHAK, JOANNA 2030 S. W. 36TH TERRACE FORT LAUDERDALE, FL 33312	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.

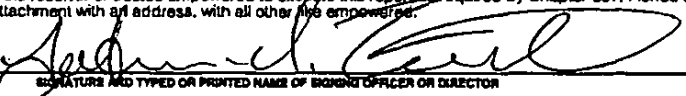
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE President	☐ Delete
NAME Joanna M Zenchak	
STREET ADDRESS 2030 SW 36th Terr.	
CITY-ST-ZIP FL. Land. FL 33312	
TITLE N/A	☐ Delete
NAME N/A	
STREET ADDRESS N/A	
CITY-ST-ZIP N/A	
TITLE N/A	☐ Delete
NAME N/A	
STREET ADDRESS N/A	
CITY-ST-ZIP N/A	
TITLE N/A	☐ Delete
NAME N/A	
STREET ADDRESS N/A	
CITY-ST-ZIP N/A	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 fees empowered.

SIGNATURE:  **3-5-05 954-327-2407**