2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 14, 2005 8:00 am
Secretary of State
03-10-2005 90164 007 ***150.00

DOCUMENT # P04000091101

1. Entity Name
JMZ INCORPORATED

66009946

03072005 Chg-P CR2E034 (10/03)

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

2. Principal Place of Business	3. Mailing Address
2030 SW 36th Terr.	2030 SW 36th Terr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. Laud. FL	City & State: Ft. Laud. FL
Zip: 33312 Country: Broward	Zip: 33312 Country: Broward

4. FEI Number 20-1244940 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZENCHAK, JOANNA
2030 S. W. 36TH TERRACE
FORT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 ________ DATE
Signature, typed or printed name of registered agent and title 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	President JoAnnam Zenclak 2030 SW 36th Terr. Ft. Laud. FL 33312 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	N/A ☐ 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)(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] 3-5-05 954-327-2407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone