


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90220 017 ***150.00

DOCUMENT # P04000096242	
1. Entity Name JMM GRAPHICS, INC.	

Principal Place of Business 7684 N. NOB HILL ROAD #162 TAMARAC FL 33321	Mailing Address 7684 N. NOB HILL ROAD #162 TAMARAC FL 33321
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2. Principal Place of Business JMM Graphics, Inc. 7160 N. Nob Hill Road #242 Tamarac, FL 33321-1839	3. Mailing Address JMM Graphics, Inc. 7160 N. Nob Hill Road #242 Tamarac, FL 33321-1839
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Zip USA	Country USA	Zip USA	Country USA
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6. Name and Address of Current Registered Agent MOSES, ANGELA L 7684 N. NOB HILL ROAD #162 TAMARAC FL 33321	7. Name and Address of New Registered Agent Name MOSES, ANGELA L. Street Address (P.O. Box Number is Not Acceptable) 7160 N. Nob Hill Road #242 Tamarac, FL 33321-1839 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 Angela Moses Angela Moses DATE 04-19-06
Signature, and or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MOSES, ANGELA L 6547 NW 80TH DRIVE PARKLAND FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MOSES, BEVERLY 7725 YARDLEY DRIVE, #B-408 TAMARAC FL 33321 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beverly Moses **BEVERLY MOSES** 4/19/06 954-476-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #