


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90173 003 ***150.00

DOCUMENT # P04000096242 1. Entity Name JMM GRAPHICS, INC.																																																																																							
Principal Place of Business JMM GRAPHICS INC 7160 N NAB HILL RD 242 FORT LAUDERDALE, FL 33321-1839		Mailing Address JMM GRAPHICS INC 7160 N NAB HILL RD 242 FORT LAUDERDALE, FL 33321-1839																																																																																					
2. Principal Place of Business - No P.O. Box # 7725 YAROLEY DRIVE Suite, Apt. #, etc. B-408		3. Mailing Address 7725 YAROLEY DRIVE Suite, Apt. #, etc. B-408																																																																																					
City & State TAMARAC, FL		City & State TAMARAC, FL																																																																																					
Zip 33321-0871		Zip 33321-0871																																																																																					
Country USA		Country USA																																																																																					
4. FEI Number 20-1376155		Applied For <input type="checkbox"/> Not Applicable																																																																																					
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent MOSES, ANGELA L 7160 N NOB HILL RD 242 FORT LAUDERDALE, FL 33321-1839		7. Name and Address of New Registered Agent Name MOSES, ANGELA L Street Address (P.O. Box Number is Not Acceptable) 7725 YAROLEY DRIVE, # B-408 City TAMARAC																																																																																					
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.		Zip Code FL 33321-0871																																																																																					
SIGNATURE <u>Angela Moses</u> ANGELA MOSES PRESIDENT <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE <u>04/09/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>																																																																																					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																																					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">P</td> <td style="width: 30%;">TITLE</td> <td style="width: 70%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MOSES, ANGELA L</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>6547 NW 80TH DRIVE</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PARKLAND, FL 33067</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td>ST</td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td>MOSES, BEVERLY</td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7725 YAROLEY DRIVE, #B-408</td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>TAMARAC, FL 33321</td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td>TITLE</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>NAME</td> <td></td> <td>NAME</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td>STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> </tr> </table>				10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	P	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	MOSES, ANGELA L	NAME		STREET ADDRESS	6547 NW 80TH DRIVE	STREET ADDRESS		CITY-ST-ZIP	PARKLAND, FL 33067	CITY-ST-ZIP		TITLE	ST	TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME	MOSES, BEVERLY	NAME		STREET ADDRESS	7725 YAROLEY DRIVE, #B-408	STREET ADDRESS		CITY-ST-ZIP	TAMARAC, FL 33321	CITY-ST-ZIP		TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP		TITLE		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>	NAME		NAME		STREET ADDRESS		STREET ADDRESS		CITY-ST-ZIP		CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Beverly Moses</u> BEVERLY MOSES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE <u>04/09/07</u> DAYTIME PHONE # <u>954-341-1152</u>																																																																																					