

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2008 8:00 am
Secretary of State

01-25-2008 90036 048 ***150.00

DOCUMENT # P04000096242

1. Entity Name
JMM GRAPHICS, INC.



Principal Place of Business

7725 YARDLEY DR
B-408
TAMARAC, FL 33321-1839 0871

Mailing Address

7725 YARDLEY DR
B-408
TAMARAC, FL 33321-1839 0871



01182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1376155

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MOSES, ANGELA L
7725 YARDLEY DR #B-408
FORT LAUDERDALE, FL 33321-1839

**DO NOT WRITE
IN THIS SPACE**

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 L Moses

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/18/08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MOSES, ANGELA L
STREET ADDRESS	6547 NW 80TH DRIVE
CITY - ST - ZIP	PARKLAND, FL 33067
TITLE	ST
NAME	MOSES, BEVERLY
STREET ADDRESS	7725 YARDLEY DRIVE, #B-408
CITY - ST - ZIP	TAMARAC, FL 33321 - 0871
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Beverly Moses

BEVERLY MOSES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/18/08

Date

954-476-6000

Daytime Phone #