

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000113001

1. Entity Name
JMG GENERAL CONTRACTOR, INC.



Principal Place of Business
**15861 N.W. 14TH ROAD
PEMBROKE PINES, FL 33028 US**

Mailing Address
**15861 N.W. 14TH ROAD
PEMBROKE PINES, FL 33028 US**



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
73-1714489

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GENAO, JOSE M
15861 N.W. 14TH ROAD
PEMBROKE PINES, FL 33028**

**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

JOSE M GENAO

1/30/07

(NOTE: Registered Agent signature required when re-registering)

DATE

000000617905

02/08/07-80007-020 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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 **GENAO, JOSE M**
STREET ADDRESS **15861 N.W. 14TH ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **VP**
NAME **GENAO, JOSEFINA A**
STREET ADDRESS **15861 N.W. 14TH ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **S**
NAME **FOWLER, THOMAS ROY**
STREET ADDRESS **15861 N.W. 14TH ROAD**
CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **V**
NAME **ANDREW, MAXIMILIANO J**
STREET ADDRESS **908 NE 16 AVE**
CITY-ST-ZIP **FORT LAUD., FL 33304**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/07

Date

Daytime Phone #

954-709-9598