

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000113001

FILED
Apr 16, 2009
Secretary of State

Entity Name: JMG GENERAL CONTRACTOR, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 73-1714489 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GENAO, JOSE M
Address: 15861 N.W 14TH ROAD
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: VP () Delete
Name: GENAO, JOSEFINA A
Address: 15861 N.W. 14TH ROAD
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: S () Delete
Name: FOWLER, THOMAS ROY
Address: 15861 N.W 14TH ROAD
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: V () Delete
Name: ANDREW, MAXIMILIANO J
Address: 908 NE 16 AVE
City-St-Zip: FORT LAUD., FL 33304

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE M GENAO

P

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date