

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000022027

Entity Name: JM MIGENES AC, INC.

FILED
Apr 25, 2008
Secretary of State

Current Principal Place of Business:

3345 SW 97 AVE
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

3345 SW 97 AVE
MIAMI, FL 33165

New Mailing Address:

FEI Number: 20-2326738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDER, EDITH
3345 SW 97 AVE
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

MIGENES, JOSE
3345 SW 97 AVE
MIAMI, FL 33165 US

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: JOSE MIGENES

04/25/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANDER, EDITH
Address: 3345 SW 97 AVE
City-St-Zip: MIAMI, FL 33165

Title: S () Delete
Name: MIGENES, JOSE
Address: 3345 SW 97 AVE
City-St-Zip: MIAMI, FL 33165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MIGENES, JOSE
Address: 3345 SW 97 AVE
City-St-Zip: MIAMI, FL 33165

Title: S (X) Change () Addition
Name: SANDER, EDITH
Address: 3345 SW 97 AVE
City-St-Zip: MIAMI, FL 33165

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 MIGENES

PD

04/25/2008

Electronic Signature of Signing Officer or Director

Date