

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90106 024 ***150.00

DOCUMENT # P05000095066 1. Entity Name JMS FINANCIAL GROUP CORP			
Principal Place of Business 6700 CONROY RD 220 ORLANDO, FL 32835		Mailing Address 6700 CONROY RD 220 ORLANDO, FL 32835	
2. Principal Place of Business - No P.O. Box # 8045 NW 36 Street		3. Mailing Address 8045 NW 36 Street	
Suite, Apt. #, etc. 500 B		Suite, Apt. #, etc. 500 B	
City & State MIAMI, Florida		City & State MIAMI, Florida	
Zip 33166		Zip 33166	
Country		Country	
4. FEI Number 20-4422388		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 OSPINA, JULIO 6700 CONROY RD 220 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name OSPINA, JULIO Street Address (P.O. Box Number is Not Acceptable) 8045 NW 36 St # 500 B City MIAMI FL Zip Code 33166	
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: Julio Ospina <i>[Signature]</i> April 26/2007 <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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OSPINA, JULIO 6700 CONROY RD #220 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSPINA LINERO S EN 6700 CONROY RD #220 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSPINA, CESAR 6700 CONROY RD #220 ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/26/07 786-316-3500 <small>Date Daytime Phone #</small>	