2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State
03-23-2006 90003 011 ***155.00

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1. Entity Name
JMS PROPERTY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
15689 S.W. 54TH COURT MIRAMAR, FL 33027	15689 S.W. 54TH COURT MIRAMAR, FL 33027

03182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
666 NE 125th Street	666 NE. 125th Street
Suite, Apt. #, etc. 232	Suite, Apt. #, etc. 232
City & State North Miami Florida	City & State North Miami Florida
Zip 33161 Country USA	Zip 33161 Country USA

4. FEI Number 37-1514039 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ST. HILAIRE, JACQUES
15689 S.W. 54TH COURT
MIRAMAR, FL 33027

7. Name and Address of New Registered Agent

Name St-Hilaire Jacques
Street Address (P.O. Box Number is Not Acceptable)
8261 SW 25th Ct
City Miramar FL Zip Code 33025

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☑ **$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	D ST. HILAIRE, JACQUES 15689 S.W. 54TH COURT MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	St-Hilaire Jacques ☑ Change ☐ Addition 8261 SW 25th Ct. of address Miramar Florida 33025
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ST. HILAIRE, EDITH 15689 S.W. 54TH COURT MIRAMAR, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	St-Hilaire Edith ☑ Change ☐ Addition 6408 Tree Top Circle Columbia MD. 21045
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: J. St-Hilaire 3/17/2006 954-643-9237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #