


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 08, 2006 8:00 am
Secretary of State

04-28-2006 90182 039 ***150.00

DOCUMENT # P05000150148		
1. Entity Name JMP GENERAL SERVICES CORP		

Principal Place of Business 14504 NW 87 PL MIAMI LAKES, FL 33018 US	Mailing Address 14504 NW 87 PL MIAMI LAKES, FL 33018 US
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66018187

2. Principal Place of Business 4460 NW 207 DRIVE	3. Mailing Address 4460 NW 207 DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.



06022006 Chg-P CR2E034 (11/05)

City & State MIAMI, FL	City & State MIAMI, FL
Zip 33055	Country DADE

4. FEI Number 20-3771555	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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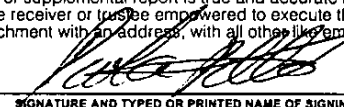
6. Name and Address of Current Registered Agent	
TORRES, MADELAINE 14504 NW 87 PL MIAMI LAKES, FL 33018	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, MADELAINE 14504 NW 87 PL MIAMI LAKES, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TORRES, MADELAINE 4460 NW 207 DRIVE MIAMI, FL 33055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLO, PAOLA 14504 NW 87 PL MIAMI LAKES, FL 33018 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELLO, PAOLA 4460 NW 207 DRIVE MIAMI, FL 33055 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	6-2-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #

ATTACHMENT

June 2, 2006

66018187

#P05000150148

Division of Corporations
PO BOX 1500
Tallahassee, FL 32302-1500

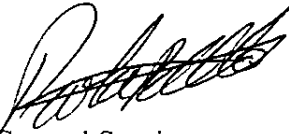
Dear Officer,

As per your request, please see attached Annual Report form with the proper FEI number which was missing on the original report that was filed on April 24, 2006. The report was paid with check #1580 for \$150.00.

I have also made changes to the corporation's address on the form.

Thank you for your prompt attention to this matter. Shall you need further information, please contact me at my cellular phone number (786) 487-2437

Sincerely



JMP General Services
Paola Bello
Vice President
4460 NW 207 Drive
Miami, FL 33055