
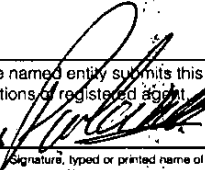
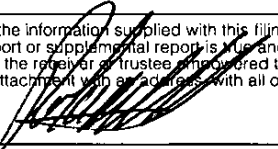


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90414 005 \*\*\*150.00

<b>DOCUMENT # P05000150148</b>					
<b>1. Entity Name</b> <b>JMP GENERAL SERVICES CORP</b>					
<b>Principal Place of Business</b> <b>4460 NW 207 DRIVE</b> <b>MIAMI, FL 33055 US</b>			<b>Mailing Address</b> <b>4460 NW 207 DRIVE</b> <b>MIAMI, FL 33055 US</b>		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> <b>20-3771555</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
<b>TORRES, MADELAINE</b> <b>14504 NW 87 PL</b> <b>MIAMI LAKES, FL 33018</b>			<b>Name</b> <b>BELLO, PAOLA</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>4460 NW 207 DRIVE</b> <b>City</b> <b>MIAMI</b> <b>FL</b> <b>Zip Code</b> <b>33055</b>		
<b>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.</b>					
<b>SIGNATURE</b> 		<b>PAOLA BELLO</b>		<b>3/28/07</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>BELLO, PAOLA</b> <b>4460 NW 207 DRIVE</b> <b>MIAMI, FL 33055</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>PD</b> <b>BELLO, PAOLA</b> <b>4460 NW. 207 DR.</b> <b>MIAMI, FL 33055</b>	
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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<b>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.</b>					
<b>SIGNATURE:</b> 		<b>PAOLA BELLO</b>		<b>3/28/07 (305) 218-4854</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	