2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 8:00 am Secretary of State

DOCUMENT # P06000023575 1. Entity Name JMA PROFESSIONALS, INC.									04-23-200	_	030 ***	
Principal Place of Business				Mailing Address								
11643 N.W 78 STREET				11643 N.W 78 STREET								
MIAMI, FL 33178 US				MIAMI, FL 33178 US								
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2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.								
								03102007	Chg-P	ÇR2E	034 (12/0	6)
City & State				City & State				4. FEI Numb	4368	759		Applied For Not Applicable
Zip		Country	Zip C			Country		5. Certificate	of Status Desired	· m		Additional
	6. Name and Address of Current Reg			intered Acces							Fee Requ	tired
	b. Name	and Address of Curr	ent Regis	terea Agent		Name		7. Name and	Address of New	Registered	Agent	
ARIAS, MA	YRENA											
11643 N.W 78 STREET MIAMI, FL 33178					Street Address (P.O. Box Number is Not Acceptable)							
						City				FI	Zip C	ode
8. The above	named entit	y submits this stateme	nt for the r	ourpose of changing its	register	ed office or	regis ra r	ed agent, or bo	oth, in the State of		- 1	ith, and accept
the obligat	tons of regist	ered agent.]	m			71	,	,			/
SIGNATURE May (Urus MAURENA HRIAG D3/30/07												
SIGNATURE	Signature, typed	or printed name of registered a	agent and tide	Il appicable. (NOT	E Registere	d Agent signatu	ro required	when reinstating)		ATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.								00 May Be ed to Fees		1		
10.		OFFICERS A	ND DIRE	CTORS	11.			ADDITIONS	/CHANGES TO O	FFICERS AN	D DIRECTO	ORS IN 11
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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 impowered 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 one attachment with an address, with all other like empowered.												
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SIGNATURE: May MAYRENA HRIAS 03/30/0-7 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR DATE OF DIRECTOR DIRECT												
		SIGNATURE MAD I I SED	7		JA JINEU						A Annual Lineage and	- 1