
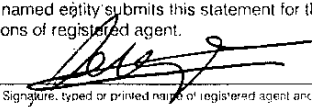
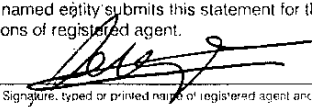
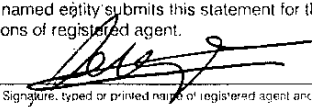
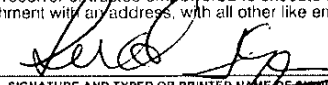


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2007 8:00 am**  
**Secretary of State**

04-27-2007 90207 010 \*\*\*150.00

<b>DOCUMENT # P06000076540</b>											
<b>1. Entity Name</b> J&M INSURANCE GROUP CORP											
<b>Principal Place of Business</b> 7477 SW 8 ST SECOND FLOOR MIAMI, FL 33144			<b>Mailing Address</b> 7477 SW 8 ST SECOND FLOOR MIAMI, FL 33144								
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
<b>City &amp; State</b>		<b>City &amp; State</b>									
<b>Zip</b>	<b>Country</b>	<b>Zip</b>	<b>Country</b>	<b>4. FEI Number</b> 01-0871128							
<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>  PEREZ, JOSE E 7477 SW 8 ST SECOND FLOOR MIAMI, FL 33144			<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"> <b>Name</b>                  Ludivina M Iglesias             </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>Street Address (P.O. Box Number is Not Acceptable)</b>                  7477 SW 8 ST             </td> </tr> <tr> <td style="padding: 5px;"> <b>City</b>                  Miami FL             </td> <td style="padding: 5px;"> <b>Zip Code</b>                  33144             </td> </tr> </table>			<b>Name</b> Ludivina M Iglesias		<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7477 SW 8 ST		<b>City</b> Miami FL	<b>Zip Code</b> 33144
<b>Name</b> Ludivina M Iglesias											
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 7477 SW 8 ST											
<b>City</b> Miami FL	<b>Zip Code</b> 33144										
<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>  <table style="width:100%;"> <tr> <td style="width:60%; padding: 5px;"> <b>SIGNATURE</b>   <small>Signature, typed or printed name of registered agent and title if applicable</small> </td> <td style="width:40%; padding: 5px;"> <b>DATE</b> 4/21/07  <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> </tr> </table>						<b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>DATE</b> 4/21/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>				
<b>SIGNATURE</b>  <small>Signature, typed or printed name of registered agent and title if applicable</small>	<b>DATE</b> 4/21/07 <small>(NOTE: Registered Agent signature required when reinstating)</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> <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> P <b>NAME</b> PEREZ, JOSE E <b>STREET ADDRESS</b> 7477 SW 8 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Ludivina M Iglesias <b>NAME</b> 7477 SW 8 ST <b>STREET ADDRESS</b> MIAMI FL 33144 <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition							
<b>TITLE</b> VP <b>NAME</b> PEREZ, MILLIE Nilaagos <b>STREET ADDRESS</b> 7477 SW 8 ST <b>CITY-ST-ZIP</b> MIAMI, FL 33144	<input type="checkbox"/> Delete		<b>TITLE</b> Milagros Perez <b>NAME</b> 7477 SW 8 ST <b>STREET ADDRESS</b> MIAMI FL 33144 <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition							
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition							
<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>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>DATE:</b> 4/21/07 <span style="float: right;">305 261 5511</span> <small>Date Daytime Phone #</small>								