

## **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000076540

Entity Name: J&M INSURANCE GROUP CORP

**FILED**  
**May 29, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

7477 SW 8 ST  
SECOND FLOOR  
MIAMI, FL 33144

**New Principal Place of Business:**

**Current Mailing Address:**

7477 SW 8 ST  
SECOND FLOOR  
MIAMI, FL 33144

**New Mailing Address:**

FEI Number: 01-0871128

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IGLESIAS, LUDIVINA M  
7477 SW 8ST  
MIAMI, FL 33144 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: IGLESIAS, LUDIVINA M  
Address: 7477 SW 8 ST  
City-St-Zip: MIAMI, FL 33144

Title: VP ( ) Delete  
Name: PEREZ, MILAGROS  
Address: 7477 SW 8 ST  
City-St-Zip: MIAMI, FL 33144

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: IGLESIAS-MORA, MILAGROS  
Address: 7477 SW 8 ST  
City-St-Zip: MIAMI, FL 33144

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUDIVINA M IGLESIAS

VP

05/29/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date