## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000106937

Address:

City-St-Zip:

Entity Name: J & M MUSA PROPERTIES, INC.

3383 DOCTOR'S LAKE DRIVE

ORANGE PARK, FL 32065 US

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	T WEST PARK	(WAY			
SUITE #2 ORANGE	PARK, FL 320	003 US			
Current Mailing Address:			New Mailing Address	New Mailing Address:	
	T WEST PARK	(WAY			
SUITE #2 ORANGE	PARK, FL 320	003 US			
FEI Number	: 20-5384288	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
	(EVIN ROWN POINT IVILLE, FL 322				
	e named entity e of Florida.	submits this statement for th	ne purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered	Agent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	MUSA, JOSEP 3383 DOCTOR	) Delete H 'S LAKE DRIVE K, FL 32065 US	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	DR. ( MUSA, MARY A	) Delete ANN	Title: Name:	( ) Change ( ) Addition	

Address:

City-St-Zip:

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: MARY ANN MUSA DR. 04/29/2009