

**2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000127570

Entity Name: JE &amp; M SERVICES, INC.

**FILED**  
**Jul 22, 2009**  
**Secretary of State****Current Principal Place of Business:**8930 WEST FLAGLER  
203  
MIAMI, FL 33174**New Principal Place of Business:****Current Mailing Address:**8930 WEST FLAGLER  
203  
MIAMI, FL 33174**New Mailing Address:**

FEI Number: 26-1506704

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**DELGADO, JUAN C  
8321 NW 7 STREET  
308  
MIAMI, FL 33126 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: MUNGARRIETA, JOSE  
Address: 8930 WEST FLAGLER # 203  
City-St-Zip: MIAMI, FL 33174 USTitle: ( ) Delete  
Name:  
Address:  
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change ( ) Addition  
Name: MUNGARRIETA, EVA  
Address: 8930 WEST FLAGLER # 203  
City-St-Zip: MIAMI, FL 33174 USTitle: VP ( ) Change (X) Addition  
Name: MUNGARRIETA, JOSE  
Address: 8930 WEST FLAGLER #203  
City-St-Zip: MIAMI, FL 33174 US

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: JOSE MUNGARRIETA

VP

07/22/2009

Electronic Signature of Signing Officer or Director

Date