2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P08000016146

Entity Name: T.M. JAZZ, INC.

Current Principal Place of Business:

645 SW 198 TER
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

645 SW 198TH TER
PEMBROKE PINES, FL 33029

New Mailing Address:

645 SW 198 TER
PEMBROKE PINES, FL 33029

FEI Number: 26-1979900 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOODE, LOWELL M CPA
6330 SW 41ST CT
DAVIE, FL 33314 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MADRUGA, OMAR
Address: 648 SW 198TH TER
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP ( ) Delete
Name: MADRUGA, CORA
Address: 648 SW 198TH TER
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: O ( ) Delete
Name: MADRUGA, ANTONIO
Address: 648 SW 198TH TER
City-St-Zip: PEMROKE PINES, FL 33029

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MADRUGA, OMAR
Address: 645 SW 198TH TER
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP (X) Change ( ) Addition
Name: MADRUGA, CORA
Address: 645 SW 198TH TER
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: O (X) Change ( ) Addition
Name: MADRUGA, ANTONIO
Address: 645 SW 198TH TER
City-St-Zip: PEMROKE PINES, FL 33029

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: OMAR MADRUGA P 03/24/2009

Electronic Signature of Signing Officer or Director — Date