2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000008213

1. Entity Name

J.F.M.M.A.M. ENTERPRISES, INC.

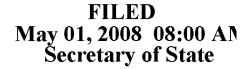


Principal Place of Business

1404 VISCAYA PKWY CAPE CORAL, FL 33990 Mailing Address

1417-3 DEL PRADO BLVD S STE 120

CAPE CORAL, FL 33990 US





DO NOT WRITE IN THIS SPACE

04282008 No Chg-P CR2E034 (11/05)

FEI Number
 65-0389907

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MINER, JOHN F 1404 VISCAYA PKWY CAPE CORAL, FL 33990

DO NOT WRITE IN THIS SPACE

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	ed office or registered agent, or b	ooth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title i	f applicable (NOTE: Registere	d Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		U00000941402 05/28/08-80106-004 150.00
10.	OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MINER, JOHN F 1417-3 DEL PRADO BLVD S., #120 CAPE CORAL, FL 33990			
NAME STREET ADDRESS CITY-S1-ZIP	TS MINER, MARGLYN A 1417-3 DEL PRADO BLVD S., #120 CAPE CORAL, FL 33990			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DC	NOT WRITE
TITLE NAME STREET ADDRESS CITY-SI-ZIP			IN THIS SPACE	
TITLE			I	,

12. Thereby 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.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY+ST-ZIP

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRE

U-10-00

239-699-631

Daytime F