## 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## **FILED** May 07, 2008 08:00 AN Secretary of State DOCUMENT # P93000044376 1. Entity Name JJMMG, INC. Principal Place of Business Mailing Address 1140 E ALTAMONTE DR 1140 E ALTAMONTE DR ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 59-3189577 Not Applicable Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TABEAHMADI, MOHAMMED Street Address (P.O. Box Number is Not Acceptable) 320 FORESTWAY CIR, APT 201 **ALTAMONTE SPRINGS FL 32701** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent annit tile Tappi cable. (NOTE: Registered Agent eignature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Addition U00000949578 NAME SAID, MOUNIR NAME 06/03/08-80033-018 550.00 STREET ADDRESS 506 CLUB DR. STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP CITY-ST-ZIP ☐ Darete TITLE TITLE ☐ Change ■ Addition NAME TABEAHMADI, MOHAMMED NAME STREET ADDRESS 6190 W GATE DR., #302 STREET ADDRESS CITY-ST-7/E ORLANDO FL 32835 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 12. Enereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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.