

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90013 001 ***150.00

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1. Entity Name

JFM CORPORATION

Principal Place of Business
**13748 SW 152 STREET
MIAMI FL 33177**

Mailing Address
**13748 SW 152 STREET
MIAMI FL 33177**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0470447

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TURK, HAROLD J
1428 BRICKELL AVE.
MAIN FLOOR
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **IRENE T. MONTES,**
STREET ADDRESS **7240 SW 131 AVENUE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VP** ☐ Delete
NAME **JORGE G. MONTES,**
STREET ADDRESS **7240 SW 131 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE **VP** ☐ Delete
NAME **MONTES, JORGE E**
STREET ADDRESS **11805 SW 92 TERR**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **S** ☐ Delete
NAME **FRANK A. MONTES,**
STREET ADDRESS **7240 SW 131 AVE**
CITY-ST-ZIP **MIAMI FL 33183**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **V.P. JORGE E. MONTES**
STREET ADDRESS **7200 NW 172 AVE**
CITY-ST-ZIP **DORAL FL 33170**

TITLE ☒ Change ☐ Addition
NAME **FRANK A. MONTES**
STREET ADDRESS **425 DIANCA AVE**
CITY-ST-ZIP **CORAL GABLES FL 33146**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JORGE G. MONTES 1-31-06 305-2387000