FOR PROFIT CORPORATION

FILED May 21, 2002 8:00 am

| DOCUMENT # P9400007252 Jm Financial Group.Inc DO NOT WRITE IN THIS SPACE | | | | Secretary of State 05-21-2002 90878 017 ***150.00 | | |
|---|--|---|---|--|---------------------------------|--------------------|
| | | | | | | |
| | | | | 2. Principal | Place of Business Neida lane | 3. Mailing Address |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | DO NOT WRITE IN THIS SPACE | | |
| Sea R | lanch lakes, h | Sity & State Sea Panch | lakes, Fr | 4. FEL Number 512323 | Applied For Not Applicable | |
| 3331 | | zin33308 | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| n namer 1 | The state of the state of | | | 7. Name and Address of Current Registere | <u> </u> | |
| DO NOT WITE | | | | iniza, Mary | za, Mary | |
| DU NUI WRITE Street Address (P | | | | iss (P.O. Box Number is Not Acceptable) | | |
| IN THIS SPACE | | | Š. | Sealarh lakes | | |
| | | | City Se | L Ranch Lakes FL | ₹95°25°0 | |
| 8. The above | e named entity submits this statement for | or the purpose of changing its | registered office or regi | stered agent, or both, in the State of Florida. | - 33307 | |
| SIGNATURE | moni | · · · · · · · · · · · · · · · · · · · | E: Registered Agent signature req | 4/20 | 1/02 | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After May 1, | | | lay 1 Fee is \$150.00 | 44.51.11.5 | * * * * * * * * * * | |
| | | Amende | d UBR is \$61.25 | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| (See crite | ria on back)OFFICERS AND | Amende Make Check Payat | d UBR is \$61.25 | Trust Fund Contribution | | |
| (See crite | officers and President | Amende Make Check Payat | d UBR is \$61.25 sie to Department of : | Trust Fund Contribution | | |
| (See crite 11. ⊈ TITLE NAME STREET ADDRESS | ria on back) OFFICERS AND President Many Fam 20 | Amende Make Check Payab DIRECTORS | d UBR is \$61.25 ile to Department of : TITLE NAME STREET ADDRESS | Trust Fund Contribution | | |
| (See crite 11. 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP | officers and President | Amende Make Check Payab DIRECTORS | d UBR is \$61.25 ile to Department of : TITLE NAME STREET ADDRESS | Trust Fund Contribution | | |
| (See crite 11. 4 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | ria on back) OFFICERS AND President Many Fam 20 | Amende Make Check Payab DIRECTORS | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE | Trust Fund Contribution | | |
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| (See crite 11. 4) TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP | ria on back) OFFICERS AND President Many Fam 20 | Amende Make Check Payab DIRECTORS | TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME | State Trust Fund Contribution. | Added to Fees | |
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR RINGED NAME OF SIGNING OFFICER OR DIRECTOR