

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000007252

Entity Name: JM FINANCIAL GROUP, INC.

FILED
Apr 08, 2005
Secretary of State

Current Principal Place of Business:

5 ONEIDA LANE
SEA RANCH LAKES, FL 33308

New Principal Place of Business:

Current Mailing Address:

5 ONEIDA LANE
SUITE 125
SEA RANCH LAKES, FL 33308

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FANIZZI, MARY
5 ONEIDA LANE
SEA RANCH LAKES, FL 33308 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: VP () Delete
Name: FANIZZI, MARY
Address: 5 ONEIDA LANE
City-St-Zip: SEA RANCH LAKES, FL 33308

Title: P () Delete
Name: KRYSTOFF, JERROLD
Address: 550 SOUTH FEDERAL HIGHWAY
City-St-Zip: FORT LAUDERDALE, FL 33301 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: KRYSTOFF, JERROLD
Address: 515 E LAS OLAS BLVD., SUITE 1050
City-St-Zip: FORT LAUDERDALE, FL 33301 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JERROLD KRYSTOFF

P

04/08/2005

Electronic Signature of Signing Officer or Director

_____ Date