2007 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED Jan 22, 2007 08:00 AM Secretary of State

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1. Entity Name

J.M.R. REAL ESTATE, INC.



Principal Place of Business

Mailing Address

1324 S MAIN ST

BELLE GLADE, FL 33430 US

1324 \$ MAIN ST

BELLE GLADE, FL 33430

US .



01172007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0735785

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MAILMAN, JENNIFER E **1324 S MÁIN ST** BELLE GLADE, FL 33430

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	named entity submits this statement for the prions of registered agent.	urpose of changing its registere	ed office or r	egistered agent, or both	i, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable (NOTE Registered	d Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		1		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAILMAN, JENNIFER 1324 S MAIN ST BELLE GLADE, FL 33430				U00000536863 01/24/07-80012-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST ALSTON, BARBARA 1324 S MAIN ST BELLE GLADE, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			ŀ			

12. Thereby certify that the information supplied with this filling 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.

TITLE NAME STREET ADDRESS CITY-ST-ZIP