05/01/2005 22:34 5166792545 JANELODISF

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005 8:00 am
Secretary of State
05-06-2005 90093 036 ***150.00

DOCUMENT # P95000083200

1. Entity Name
J & M ENTERPRISES OF BROWARD COUNTY, INC.

Principal Place of Business	Mailing Address
10230 BROOKVILLE LN BOCA RATON, FL 33428	10230 BROOKVILLE LN BOCA RATON, FL 33428

50049913

DO NOT WRITE IN THIS SPACE

0502200 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0[illegible]9010

Applied For ☐
Not Applicable ☐

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

6. Name and Address of Current Registered Agent

BEGLEY, EDWARD K
10230 BROOKVILLE LN
BOCA RATON, FL 33428

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BEGLEY, EDWARD K
STREET ADDRESS	10230 BROOKVILLE LN
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	VP
NAME	PESANTEZ, DIEGO
STREET ADDRESS	FESTIVAL DRIVE
CITY-ST-ZIP	POMPANO BEACH, FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. 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 the 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: Ed Begley 5/2/05 5617563486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #