

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000088848

1. Entity Name
J.M.P. ENTERPRISES, INC.



Principal Place of Business
801 MADRID STREET
#3
MIAMI, FL 33134 US

Mailing Address
801 MADRID STREET
#3
MIAMI, FL 33134 US

2. Principal Place of Business
1890 SW 57 Ave
Suite, Apt. #, etc.
103

3. Mailing Address
1890 SW 57 Ave
Suite, Apt. #, etc.
103

City & State
Miami

City & State
Miami

Zip
33155

Zip
33155

Country
USA

Country
USA

**FILED
Mar 08, 2006 8:00 am
Secretary of State**

03-08-2006 90193 006 ***150.00

50001665



02232006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0628979	Applied For
	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

PUERTAS, JUANA M
2067 W 62ND ST.
HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name
PUERTAS, JUANA

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

3301 NE 5TH Avenue #1217

City Miami	FL	Zip Code 33137
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JUANA M. PUERTAS 02-24-06

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTD PUERTAS, JUANA M 3301 NE 5TH AVENUE APT. 1217 MIAMI, FL 33137	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Juana M. Puertas*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-24-06 305-442-

Date

Daytime Phone #

6040