

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-08-2006 90193 006 \*\*\*150.00

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02232006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # P95000088848</b> 1. Entity Name <b>J.M.P. ENTERPRISES, INC.</b>					
Principal Place of Business <b>801 MADRID STREET #3 MIAMI, FL 33134 US</b>			Mailing Address <b>801 MADRID STREET #3 MIAMI, FL 33134 US</b>		
2. Principal Place of Business <b>1890 SW 57 Ave</b>		3. Mailing Address <b>1890 SW 57 Ave</b>			
Suite, Apt. #, etc. <b>103</b>		Suite, Apt. #, etc. <b>103</b>			
City & State <b>Miami</b>		City & State <b>Miami</b>		4. FEI Number <b>65-0628979</b>	
Zip <b>33155</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>PUERTAS, JUANA M 2067 W 62ND ST. HIALEAH, FL 33016</b>			7. Name and Address of New Registered Agent Name <b>PUERTAS, JUANA</b> Street Address (P.O. Box Number is Not Acceptable) <b>3301 NE 5Th Avenue #1217</b>  City <b>Miami</b> <b>FL</b> Zip Code <b>33137</b>		
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 <u><i>Juana M. Puertas</i></u> <b>JUANA M. PUERTAS</b> <b>02-24-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TD <input type="checkbox"/> Delete <b>PUERTAS, JUANA M 3301 NE 5TH AVENUE APT. 1217 MIAMI, FL 33137</b>		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: <u><i>Juana M. Puertas</i></u> <b>Juana M. Puertas</b> <b>02-24-06 305-442-</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					