

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P95000088848</b>			
1. Entity Name J.M.P. ENTERPRISES, INC.			
Principal Place of Business 1890 SW 57 AVE SUITE 103 MIAMI, FL 33155 US		Mailing Address 1890 SW 57 AVE SUITE 103 MIAMI, FL 33155 US	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02262007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0628979	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  PUERTAS, JUANA M 3301 NE 5TH AVE #1217 MIAMI, FL 33137		<b>DO NOT WRITE IN THIS SPACE</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>  1100000651801 03/09/07-80020-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTD PUERTAS, JUANA M 3301 NE 5TH AVENUE APT. 1217 MIAMI, FL 33137		
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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: 		02-27-2007	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	