
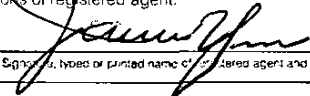
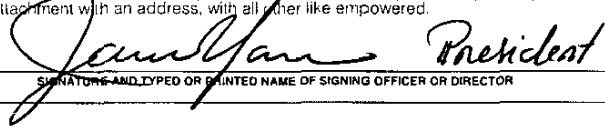


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90112 049 ***150.00

DOCUMENT # P95000091936 1. Entity Name JME ENTERPRISES, INC.					
Principal Place of Business 7179 PEMBROKE RD PEMBROKE PINES, FL 33023			Mailing Address 7179 PEMBROKE RD PEMBROKE PINES, FL 33023		
2. Principal Place of Business 817 N.W. 208TH DRIVE Suite, Apt. #, etc.		3. Mailing Address 817 N.W. 208TH DRIVE Suite, Apt. #, etc.			
City & State PEMBROKE PINES, FL Zip 33029 Country US		City & State PEMBROKE PINES, FL Zip 33029 Country US		4. FEI Number 65-0628076	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent VILLAMIZAR, NELLY M 20839 N.W. 22ND ST. PEMSBROOKE PINES, FL 33029			7. Name and Address of New Registered Agent Name YANEZ, JAIME H Street Address (P.O. Box Number is Not Acceptable) 817 N.W. 208TH DRIVE City PEMBROKE PINES FL Zip Code 33029		
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: 04/26/05 <small>Signature, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when resigning)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DP VILLAMIZAR, NELLY M 20839 NW 22ND STREET PEMSBROOKE PINES, FL 33029	<input checked="" 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	DT YANEZ, JAIME H 817 NW 208TH DRIVE PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	DPT YANEZ, JAIME H 817 N.W. 208TH DRIVE PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DS MENDOZA, MARIA E 817 NW 208TH DRIVE PEMBROKE PINES, FL 33029	<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	<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	<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	<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 exemption stated in Section 119.07(3)(i), 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:  President 04/26/05 (954) 4470037 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					