2007 FOR PROFIT CORPORATION ANNUAL REPORT

of the corporation or the receive changed, or on an attachment y

SIGNATURE:

FILED Feb 19, 2007 08:00 All Secretary of State DOCUMENT # P96000018500 1. Entity Name JMB INSURANCE CORP. Principal Place of Business Mailing Address **631 SOUTHWEST 102ND AVENUE** 631 SOUTHWEST 102ND AVENUE MIAMI, FL 33174 MIAMI, FL 33174 No Chg-P CR2E034 (11/05) 02142007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0651736 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BULNES, JOSE M DO NOT WRITE **631 SW 102ND AVENUE** IN THIS SPACE MIAMI, FL 33174-1821 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 பூ.Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 10. TITLE BULNES, JOSE M NAME 631 SOUTHWEST 102ND AVENUE STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33174 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 supplimental 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

or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or an address, with all other like empowered.

Daytime Phone #