

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2004 8:00 am**  
**Secretary of State**

04-09-2004 90054 030 \*\*\*158.75

DOCUMENT # P97000015583

1. Entity Name  
J & M DESIGN SERVICES, INC.



Principal Place of Business  
20322 NE 16TH PLACE  
NO MIAMI BEACH, FL 33179

Mailing Address  
20322 NE 16TH PLACE  
NO MIAMI BEACH, FL 33179

54029221

2. Principal Place of Business

5633 SW 26th St  
Suite, Apt., #, etc.

3. Mailing Address

5633 SW 26th St  
Suite, Apt., #, etc.

03042004 Chg-P CR2E034 (10/03)

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

65-0737677

Applied For

Not Applicable

Zip

33023

Country

Zip

33023

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHIVERS, JAMES  
20322 NE 16TH PLACE  
NO MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

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

5633 SW 26th St  
City Hollywood FL Zip Code 33023

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)

3-12-04

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME CHIVERS, JAMES  
STREET ADDRESS 20322 NE 16TH PLACE  
CITY-ST-ZIP NO MIAMI BEACH, FL 33179

TITLE VP ☐ Delete  
NAME PANKON, MALGORZATA  
STREET ADDRESS 20322 NE 16TH PLACE  
CITY-ST-ZIP NORTH MIAMI BEACH, FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-04

Date

Daytime Phone #

305 655-2427