


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000037377

1. Entity Name
J.M.J.M. CO.



Principal Place of Business
6744 SW 39 ST
MIAMI, FL 33155

Mailing Address
6744 SW 39 ST
MIAMI, FL 33155



04182005 No Chg-P CR2EQ34 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DIAZ, JORGE
6744 SW 39 ST
MIAMI, FL 33155

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)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

U000000318540
04/20/05-80062-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP DIAZ, JORGE 6744 SW 39 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP DIAZ, MIREYA 6744 SW 39 ST MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, JORGE JR 6744 SW 39 ST. MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIAZ, MIGUEL 6744 SW 39 ST. MIAMI, FL 33155
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 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

Date 04/18/05 Daytime Phone # _____