2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P9800001413 1. Entity Name JCM FINANCIAL GROUP, INC.					May 02, 2005 08:00 AM Secretary of State				
Principal Plac	e of Business	Mailing Address		L	1				
660 NW 72 AVE 660 NW 72 AVE				İ					
HOLLYWOOD FL 33024 HOLLYWOOD FL 33024			24						
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-		La Maritima Autologica	······································		-				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MC	ODE 1	CR2E034 (in/o/\		
					15000		JIIZEOUT (
City & State		City & State			4. FEI Number	65-0808143			plied For
						00-0606143			t Applicab <u>li</u>
Zip	Country Zip Co		Coun	ıtıy	5. Certificate of S	Status Desired		3.75 Add e Require	
	6. Name and Address of Curren	t Registered Agent	<u> </u>	1	7. Name and Ad-	dress of New Ri		<u>-</u>	
	G. Name and Address of Curren	t Hegisteled Agent		Name	7. Haile alle Fe	<u> </u>	Alaman Mar		
MEN	NDOZA, JUAN C						<u> </u>		LMW 12 LA
660 NW 72 AVE			Street Address (P.O. Box Number is	Not Acceptable)			
HOL	LYWOOD FL 33024			-					2 -
							<u>. </u>	7: 0-1	
				City			FL	Zip Code	Э
	named entity submits this statement ions of registered agent.	for the purpose of changing it	s register	ed office or registe	red agent, or both, in	n the State of Flo	rida. I am far	niliar with,	and accept
SIGNATURE .									<u> </u>
	Signature, typed or printed name of registered ager	tt and title if applicable (NO	TE Registere	d Agent signature required	d when re-installing)	<u></u>	JATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State					9.	Election Campa Trust Fund Conf			00 May Be d to Fees
10.	OFFICERS AN	DIRECTORS	11.	<u> </u>	ADDITIONS/CH	ANGES TO OFFI	CERS AND D	IRECTÓR:	3 IN 11
TITLE	DPS	☐ Delete	TITE	E		BOOOOO		Change	Addition
NAME	MENDOZA, JUAN C		NAM	IE	ni	:0000003 5/03/05-8	2235 (2022 - 021	150	מח.
STREET ADDRESS	660 NW 72 AVE			EET ADDRESS	U	2/ N2/ N2_Q(JUZZ"UZI	150.	UU
CATY-ST-ZIP	HOLLYWOOD FL 33024		CITY	-ST-ZIP					
THILE	DV	☐ Delete	Inf	E			Ľ] Change	☐ Addition
NAME	MENDOZA, IDA E		NAM						
STREET ADDRESS	660 NW 72ND AVE			LET ADDRESS - ST-ZIP					
CITY-ST-ZIP	HOLLYWOOD FL 33084		1.491				<u> </u>		
TITLE		☐ Delete	III	i i			Ļ	Change	Addition
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CITY-ST-ZIP				'- ST- ZIP					
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CITY ST-ZIP				(-\$1-ZIP		7 11 5 :			
12. Thereby of	certify that the information supplied wi	th this filing does not qualify fo	or the exe	emption stated in Se	ection 119.07(3)(i), F	·iorida Statutes. I	turther certify	that the i	ntormation

indicated on this report or suppliemental 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

PRESIDENT

4/2905 (205) 331-5427
Date Daytime Phone

FILED