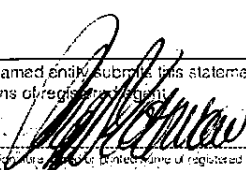
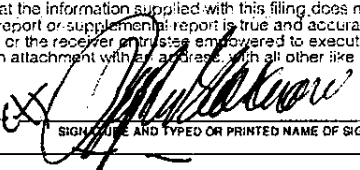


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90046 011 ***150.00

DOCUMENT # P98000020946 1. Entity Name JM-WAY, INC.					
Principal Place of Business 17724 PINES BLVD PEMBROKE PINES, FL 33029			Mailing Address 9655 W BROWARD BLVD PLANTATION, FL 33324		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 400 N PINE ISLAND RD 300			
City & State		City & State PLANTATION, FL		4. FEI Number 65-0823711	
Zip 33324		Country U.S.A.		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLATTMAN, STEPHEN 500 CYPRESS PT DR W PEMBROKE PINES, FL 33027				7. Name and Address of New Registered Agent Name STEPHEN BLATTMAN Street Address (P.O. Box Number is Not Acceptable) 1502 N.W. 139th AVE City PEMBROKE PINES FL Zip Code 33028	
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 3/27/04 (NOTE: Registered Agent Signature Required When Remitting)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLATTMAN, STEPHEN 500 CYPRESS PT DR W PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☒ Change ☐ Addition BLATTMAN, STEPHEN 1502 NW 139 AVE PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ☐ Delete BLATTMAN, MARLENY 500 CYPRESS PT DR W PEMBROKE PINES, FL 33027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ☒ Change ☐ Addition BLATTMAN, MARLENY 1502 NW 139 AVE PEMBROKE PINES, FL 33028		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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  DATE 3/27/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					