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	Mailing Address
17724 PINES BLVD PEMBROKE PINES, FL 33029	9655 W BROWARD BLVD PLANTATION, FL 33324

94042740

03062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	400 N PINE ISLAND RD
Suite, Apt. #, etc.	Suite, Apt. #, etc. 300
City & State	City & State PLANTATION, FL
Zip / Country	Zip 33324 / Country U.S.A.

4. FEI Number 65-0823711 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BLATTMAN, STEPHEN 500 CYPRESS PT DR W PEMBROKE PINES, FL 33027	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 [signature] 2/27/04
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, 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 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLATTMAN, STEPHEN 1502 NW 139 AVE ~~PEMBROKE PINES, FL 33028~~ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLATTMAN, MARLENY 500 CYPRESS PT DR W PEMBROKE PINES, FL 33027 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLATTMAN, MARLENY 1502 NW 139 AVE ~~PEMBROKE PINES, FL 33028~~ ☒ 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
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: X [signature] 3/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #