


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000020946	
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1. Entity Name
JM-WAY, INC.

Principal Place of Business
17724 PINES BLVD
PEMBROKE PINES, FL 33029

Mailing Address
400 N. PINE ISLAND RD., #300
PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE



03022008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0823711	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BLATTMAN, STEPHEN
1502 N.W. 139TH AVE.
PEMBROKE PINES, FL 33028

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLATTMAN, STEPHEN 1502 NW 139 AVE. PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BLATTMAN, MARLENY 1502 NW 139 AVE. PEMBROKE PINES, FL 33028
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Daytime Phone #