2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Aug 23, 2004 8:00 am Secretary of State **DOCUMENT # P98000026129** 08-23-2004 90024 009 ***550.00 J M INVESTMENTS, INC. Principal Place of Business Mailing Address 319 3 AVE MELBOURNE BEACH FL 32951 319 3 AVE 24081092 MELBOURNE BEACH FL 32951 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State 4. FEI Number Applied For 65-0824068 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -GRAVEL GRAVEL, MARCEL Street Address (P.O. Box Number is Not Acceptable) 1414 S.E. FEDERAL HIGHWAY DANIA FL 33004 8. The above named entity submits this statement of the purpose of phanging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 S,607.193(2)(b), F.S., allows for the waiver of the \$400.00 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 late fee. By checking this box, the corporation certifies it Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition NAME GERVAIS, JOANNE 319 3-AUE STREET ADDRESS 1414 S.E. FEDERAL HIGHWAY STREET ADDRESS **DANIA FL 33004** CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE NAME GRAVEL, MARCEL 3 = AUF 1414 S.E. FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DANIA FL 33004 CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with his 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 another 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 liketempowered.

SIGNING OFFICER OR DIRECTOR

FILED

321-724-1329 Daytime Phone #