
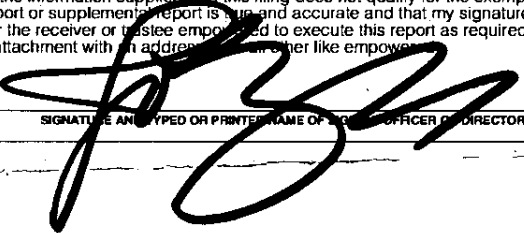


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90003 049 \*\*\*550.00

<b>DOCUMENT # P98000040478</b> 1. Entity Name <b>JMZ MANAGEMENT, INC.</b>			
Principal Place of Business <b>104 LIGHTHOUSE DRIVE TEQUESTA, FL 33469</b>		Mailing Address <b>104 LIGHTHOUSE DRIVE TEQUESTA, FL 33469</b>	
2. Principal Place of Business <b>209 TEQUESTA DRIVE</b> Suite, Apt. #, etc.		3. Mailing Address <b>209 TEQUESTA DRIVE</b> Suite, Apt. #, etc.	
City & State <b>TEQUESTA, FL</b> Zip <b>33469</b> Country <b>USA</b>		City & State <b>TEQUESTA, FL</b> Zip <b>33469</b> Country <b>USA</b>	
4. FEI Number <b>65-0838299</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>KRAMER, SCOTT ESQ 6650 WEST INDIANTOWN ROAD SUITE 200 JUPITER, FL 33458</b>		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ZUCCARELLI, JOHN M III 104 LIGHTHOUSE DRIVE TEQUESTA, FL 33469</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 in another like employee.			
<b>SIGNATURE:</b> 		<b>7/1/04 (561) 748-8883</b> Date Daytime Phone #	