


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90233 006 \*\*\*158.75

<b>DOCUMENT # P98000045132</b>	
<b>1. Entity Name</b> JMTY INVESTMENT GROUP, INC.	

<b>Principal Place of Business</b> 5520 E. GIDDENS AVE. TAMPA FL 33610	<b>Mailing Address</b> PO BOX 290382 TAMPA FL 33687
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<b>2. Principal Place of Business</b> 4526 Transport Dr. Suite, Apt. #, etc.	<b>3. Mailing Address</b> 4526 Transport Dr. Suite, Apt. #, etc.
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<b>City &amp; State</b> Tampa FL	<b>City &amp; State</b> Tampa FL	<b>4. FEI Number</b> 59-3512819	<b>Applied For</b> Not Applicable
<b>Zip</b> 33605	<b>Country</b> USA	<b>Zip</b> 33605	<b>Country</b> USA



MOORE CR2E034 (11/03)

<b>6. Name and Address of Current Registered Agent</b> PAL REALTY 5520 E GIDDENS AVE TAMPA FL 33610	<b>7. Name and Address of New Registered Agent</b> Name: YASIN SAAD Street Address (P.O. Box Number is Not Acceptable): 4526 Transport Dr. City: Tampa FL Zip Code: 33605
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**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: Yasin Saad DATE: 4-20-04

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVP SAAD, YASIN 6251 S QUEENSWAY DR TAMPA FL 33617 <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	S SAAD, YASIM 6215 S QUEENSWAY DR TAMPA FL 33617 <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	DT SAAD, YASIN 6215 S. QUEENSWAY DR. TAMPA FL 33617 <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, with all other like empowered.**

SIGNATURE: Yasin Saad DATE: 4-20-04 813-241-4601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR