

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90023 045 ***150.00

DOCUMENT # P98000045132						
1. Entity Name JMTY INVESTMENT GROUP, INC.						
Principal Place of Business 4526 TRANSPORT DR. TAMPA, FL 33605			Mailing Address 4526 TRANSPORT DR. TAMPA, FL 33605			
2. Principal Place of Business - No P.O. Box # 4001 East Lake Avenue		3. Mailing Address P.O. Box 290382				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04092008 Chg-P CR2E034 (12/06)		
City & State Tampa, FL		City & State Tampa, FL		4. FEI Number 59-3512819		
Zip 33610		Country USA		Applied For Not Applicable		
Zip 33687		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent SAAD, YASIN 4526 TRANSPORT DR. TAMPA, FL 33605			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4001 East Lake Avenue City Tampa FL Zip Code 33610			
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, 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, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE DPVP	NAME SAAD, YASIN		<input checked="" type="checkbox"/> Delete	TITLE President	NAME Yasin Saad	
STREET ADDRESS 6251 S QUEENSWAY DR	CITY - ST - ZIP TAMPA, FL 33617			STREET ADDRESS 17349 Emerald Chase Dr.	CITY - ST - ZIP Tampa FL 33647	
TITLE S	NAME SAAD, YASIM		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6215 S QUEENSWAY DR	CITY - ST - ZIP TAMPA, FL 33617					
TITLE DT	NAME SAAD, YASIN		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 6215 S. QUEENSWAY DR.	CITY - ST - ZIP TAMPA, FL 33617					
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME	STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			4-8-08			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #			