

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000070566

1. Entity Name
JML INVESTMENT CORP.



Principal Place of Business
2032 NW 22 AVE
MIAMI, FL 33142

Mailing Address
2032 NW 22 AVE
MIAMI, FL 33142

**FILED
Jan 28, 2005 08:00 AM
Secretary of State**



01132005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0856514	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TORRES, JOSE G
8502 NW 198 TERR
HIALEAH, FL 33015

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LOPEZ, JORGE
STREET ADDRESS 2032 NW 22ND AVE
CITY-ST-ZIP MIAMI, FL 33142

000000200704
01/28/05-80038-015 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/2005

(305) 638-9107

Date

Daytime Phone #