


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2007 8:00 am
Secretary of State

04-19-2007 90216 040 ***150.00

DOCUMENT # P98000070566 1. Entity Name JML INVESTMENT CORP.						
Principal Place of Business 2038 NW 22 AVE MIAMI, FL 33142			Mailing Address 2038 NW 22 AVE MIAMI, FL 33142			
2. Principal Place of Business - No P.O. Box # 2108 NW 20 ST		3. Mailing Address 2108 NW 20 ST				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-0856514		
Zip 33142		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent TORRES, JOSE G 8502 NW 198 TERR HIALEAH, FL 33015		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, JORGE 2032 NW 22ND AVE MIAMI, FL 33142		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	2108 NW 20 ST Miami, FL 33142	
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"/> Change <input type="checkbox"/> Addition	
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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: <i>George Lopez</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/10/07 <small>Date</small>		(305) 324-5668 <small>Daytime Phone #</small>	