2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Aug 11, 2006 08:00 A Secretary of State

ANNUAL REPORT					Aug 11, 2000 08:0			
DOCU	MENT # P980001026]	Se	cretary of Sta			
1. Entity Name JMA ENTERPRISES, INC.								
JIVIA EINT	ERPRISES, INC.							
Principal Plac	e of Business	Mailing Address	L	1				
12170 RACE TRACK RD PO BOX 8030			^^^					
TAMPA, FL	33626	CLEARWATER, FL 33758-8	030					
		4 2						
Be Berlin				8 18181 18111 E8111 88111 88181 8181				
				08022006	No Chg-P	CR2E034 (11/05)		
	O NOT WRITE	ACE	4. FEI Numb	er	Applied For			
				59-354	6033	Not Applicable		
h.				5. Certificate	of Status Desired	□ \$8.75 Additional Fee Required		
	6. Name and Address of Current Re	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1.35	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
MALKI, MI	CHAEL		DΩ	NOT WR	ITE			
12170 RACE TRACK RD TAMPA, FL. 33626					1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /	1.5		
IAWII A, I	L 33020			· N	THIS SPA	CE		
				4 - 4	• .			
8. The above	named entity submits this statement for t	ne purpose of changing its regis	stered office or register	red agent, or bo	th, in the State of Florida	. I am familiar with, and accept		
the obligat	ions of registered agent.				U00000574	1100		
SIGNATURE.	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Regi	stered Agent signature required	t when reinstating)	- 0000000377 000 000 00000000000000000000000000000	196-025 150.00		
		6 Floation Compaign F	ionnaino 🚓 🗗	00		.7.7.		
	LE NOW!!! FEE IS \$150.00 ue by September 6, 2006	Section Campaign F Trust Fund Contributi		.00 May Be led to Fees	In accordance with corporation did not	s. 607.193(2)(b), F.S., the receive the prior notice.		
10.	OFFICERS AND DI	RECTORS		75,4 , A	4	,		
TITLE NAME	PD MALKI, MICHAEL			•				
STREET ADDRESS	12170 RACE TRACK RD			year like a st				
CITY-ST-ZIP	TAMPA, FL 33626							
TITLE NAME	MALKI, LUCINÉ		· · · · · · · · · · · · · · · · · · ·			V		
STREET ADDRESS	12170 RACE TRACK RD				British Harry			
CITY-ST-ZIP	TAMPA, FL 33626					· ,		
NAME								
STREET ADDRESS CITY+ST+ZIP		•		-DO	NOT WR	ITE		
TITLE .					THIS SPA			
NAME			31	III	IIIIO OFA	ICE : A P		
STREET ADDRESS CITY+S1+ZIP			**					
TITLE								
NAME CTOSET ADDDECC					\$5 \ 28			
STREET ADDRESS CITY-ST-ZIP			Hart State					
TITLE			18 / See					
NAME STREET ADDRESS			, š.	***** ********************************		· · · · · · · · · · · · · · · · · · ·		

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: __

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR I

Daytime Phone #