


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 11, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000102638 1. Entity Name JMA ENTERPRISES, INC.	
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Principal Place of Business 12170 RACE TRACK RD TAMPA, FL 33626	Mailing Address PO BOX 8030 CLEARWATER, FL 33758-8030
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**DO NOT WRITE IN THIS SPACE**



08022006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3546033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

MALKI, MICHAEL  
12170 RACE TRACK RD  
TAMPA, FL 33626

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

U00000574168  
08/11/06-80086-025 150.00

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALKI, MICHAEL 12170 RACE TRACK RD TAMPA, FL 33626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALKI, LUCINE 12170 RACE TRACK RD TAMPA, FL 33626
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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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_