

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000023678

FILED  
Jan 06, 2009  
Secretary of State

Entity Name: J P M INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

8484 NW 72ND ST  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

8484 NW 72ND ST  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 65-0899189      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

DEL PINO, JUAN  
10981 N.W. 73 TERRACE  
MIAMI, FL 33178 US

**Name and Address of New Registered Agent:**

DEL PINO, JUAN A  
10981 N.W. 73 TERRACE  
MIAMI, FL 33178 US

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.

SIGNATURE: JUAN A DEL PINO

01/06/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: DEL PINO, JUAN  
Address: 10981 N.W. 73 TERRACE  
City-St-Zip: DORAL, FL 33178

Title: D (X) Delete  
Name: PONTRANDOLFO, JUAN C DIRECTO  
Address: 10981 NW 73 TERRACE  
City-St-Zip: DORAL, FL 33178

Title: D (X) Delete  
Name: PONTRANDOLFO, PEDRO DIRECTO  
Address: 10981 NW 73 TERRACE  
City-St-Zip: DORAL, FL 33178

Title: D (X) Delete  
Name: MARASCIA, GASPARE DIRECTO  
Address: 10981 NW 73 TERRACE  
City-St-Zip: DORAL, FL 33178

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: DEL PINO, JUAN A PRESIDE  
Address: 10981 N.W. 73 TERRACE  
City-St-Zip: DORAL, FL 33178

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN A DEL PINO

PD

01/06/2009

Electronic Signature of Signing Officer or Director

Date