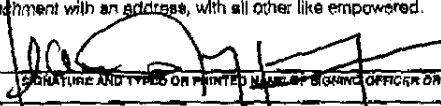


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000039911		
1. Entity Name JMJ CONSULTING INC.		
Principal Place of Business 5011 HAWHURST AVE. FT. LAUDERDALE, FL 33331		Mailing Address 5011 HAWHURST AVE. FT. LAUDERDALE, FL 33331
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent JUN, JEAN MICHEL 5011 HAWHURST AVE. FT. LAUDERDALE, FL 33331		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, the 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
		U000000346398 04/30/05-80073-018 150.00
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JUN, JEAN M 5011 HAWKHURST AVENUE FORT LAUDERDALE, FL 33331	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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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)(f), 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, not on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/27/2005- 954 252 4941
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone if