

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000047659**

1. Entity Name  
**J.F.M. DEVELOPMENT CORPORATION**



Principal Place of Business

**3450 WEST 84TH ST  
STE 201  
HIALEAH, FL 33018**

Mailing Address

**3450 WEST 84TH ST  
STE 201  
HIALEAH, FL 33018**



02082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0924928</b>	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**

**GRAVERAN, NELSON  
3450 WEST 84TH ST  
STE 201  
HIALEAH, FL 33018**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing ☐ **\$5.00** May Be Added to Fees

**U00000830024  
02/26/08-80066-022 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRAVERAN, NELSON 3450 W 84TH ST STE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD GRAVERAN, CRISTINA I 3450 W 84TH ST STE 201 HIALEAH, FL 33018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAVERAN, JEANNIE M 3450 W 84TH ST HIALEAH, FL 33018
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 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

**2/15/08**  
Date

**305-557-1253**  
Daytime Phone #