
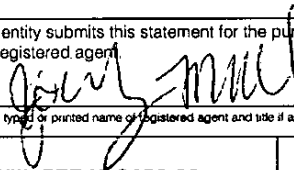
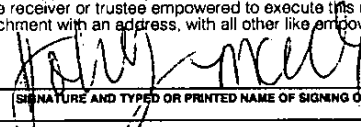


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90973 008 \*\*\*150.00

<b>DOCUMENT # P99000064926</b> 1. Entity Name <b>J.M. CONTRACTING, INC.</b>					
Principal Place of Business <b>20016 NORTHWEST 64TH COURT ROAD MIAMI, FL 33015</b>			Mailing Address <b>20016 NORTHWEST 64TH COURT ROAD MIAMI, FL 33015</b>		
2. Principal Place of Business <b>4921 SW 188 Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Address <b>4921 SW 188 Avenue</b> <small>Suite, Apt. #, etc.</small>			
City & State <b>SW Ranches</b>		City & State <b>SW Ranches FL</b>		4. FEI Number <b>65-0936016</b>	
Zip <b>33332</b>	Country <b>USA</b>	Zip <b>33332</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MORELL, JOHNNY N 20016 NW 64TH CT ROAD MIAMI, FL 33015</b>				7. Name and Address of New Registered Agent Name <b>Morell, Johnny</b> Street Address (P.O. Box Number is Not Acceptable) <b>4921 SW 188 Avenue</b> City <b>SW Ranches</b> <b>FL</b> Zip Code <b>33332</b>	
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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MORELL, JOHNNY M 20016 NORTHWEST 64TH COURT ROAD MIAMI, FL 33015		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Morell, Johnny M 4921 SW 188 Ave SW Ranches, FL 33332	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			Date <b>4-29-05</b> Daytime Phone # <b>786-256-9400</b>		