


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # S18174 1. Entity Name JMB HOME, INC.		
Principal Place of Business C/O GEORGE D. PERLMAN P.A 701 BRICKELL AVE STW 3000 MIAMI, FL 33131 US	Mailing Address C/O GEORGE D. PERLMAN P.A 701 BRICKELL AVE STW 3000 MIAMI, FL 33131 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent PERLMAN, GEORGE D PA 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BOVET, MYRIAM 701 BRICKELL AVE STE 3000 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS BOVET, MYRIAM 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CEDRATI, DENA 701 BRICKELL AVE STE 3000 MIAMI, FL 33131	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: Dena Cedrati Asst. Secretary <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/27/05 <small>Date DayTime Phone #</small>



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0235008	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

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04/30/05-80055-004 150.00