


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90201 042 \*\*\*150.00

<b>DOCUMENT # S18174</b>		
1. Entity Name <b>JMB HOME, INC.</b>		

Principal Place of Business <b>C/O GEORGE D. PERLMAN P.A 701 BRICKELL AVE STW 3000 MIAMI, FL 33131 US</b>	Mailing Address <b>C/O GEORGE D. PERLMAN P.A 701 BRICKELL AVE STW 3000 MIAMI, FL 33131 US</b>
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**60034283**



2. Principal Place of Business <b>1001 BRICKELL BAY DRIVE</b>		3. Mailing Address <b>1001 BRICKELL BAY DRIVE</b>	
Suite, Apt. #, etc. <b>SUITE 3112</b>		Suite, Apt. #, etc. <b>SUITE 3112</b>	
City & State <b>MIAMI FL.</b>		City & State <b>MIAMI FL.</b>	
Zip <b>33131</b>	Country <b>USA</b>	Zip <b>33131</b>	Country <b>USA</b>

03312006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-0235008</b>		Applied For <input type="checkbox"/> 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 <b>PERLMAN, GEORGE D PA 701 BRICKELL AVE SUITE 3000 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>1001 BRICKELL BAY DRIVE SUITE 3112</b> City <b>MIAMI</b> FL Zip Code <b>33131</b>	
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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, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BOVET, MYRIAM 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 BRICKELL BAY DRIVE, SUITE 3112 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TS BOVET, MYRIAM 701 BRICKELL AVE., STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 BRICKELL BAY DRIVE, SUITE 3112 MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CEDRATI, DENA 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1001 BRICKELL BAY DRIVE, SUITE 3112 MIAMI, FL 33131</b>
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 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: Dena Cedrati, Asst. Secretary 4-17-06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #