

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-02-2006 90201 042 ***150.00

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**

60034283



2. Principal Place of Business
1001 BRICKELL BAY DRIVE

3. Mailing Address
1001 BRICKELL BAY DRIVE

Suite, Apt. #, etc.
SUITE 3112

Suite, Apt. #, etc.
SUITE 3112

03312006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL.

City & State
MIAM FL.

Zip
33131

Country
USA

Zip
33131

Country
USA

4. FEI Number
65-0235008

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**PERLMAN, GEORGE D PA
 701 BRICKELL AVE
 SUITE 3000
 MIAMI, FL 33131**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1001 BRICKELL BAY DRIVE

SUITE 3112

City **MIAMI** FL Zip Code **33131**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 <input type="checkbox"/> Delete
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	AS CEDRATI, DENA 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DRIVE, SUITE 3112 MIAMI, FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DRIVE, SUITE 3112 MIAMI, FL. 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1001 BRICKELL BAY DRIVE, SUITE 3112 MIAM, FL. 33131
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"/> Change <input type="checkbox"/> Addition
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 Date: 4-17-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #