

2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90027 016 ***150.00

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02052007 Chg-P CR2E034 (12/06)

DOCUMENT # L41842					
1. Entity Name J B CAPITAL MANAGEMENT, INC.					
Principal Place of Business 3455 NW 54TH STREET MIAMI, FL 33142		Mailing Address 3455 NW 54TH STREET MIAMI, FL 33142			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0168656	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD <input type="checkbox"/> Delete	TITLE	SECRETARY / TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BLANK, JEROME	NAME	EVELYN MACIA		
STREET ADDRESS	9350 SOUTH DIXIE HY S900	STREET ADDRESS	3455 NW 54 STREET		
CITY-ST-ZIP	MIAMI, FL	CITY-ST-ZIP	MIAMI FL 33142		
TITLE	S/T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FISCHER, ROBERT	NAME			
STREET ADDRESS	3455 NE 54TH STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BLANK, ANDREW	NAME			
STREET ADDRESS	3455 NW 54 STREET	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33142	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: <u>Jerome Blank</u>			Date: <u>2/6/2007</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		