



2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005 08:00 AM
Secretary of State

DOCUMENT # N00000002658 1. Entity Name JBJ FOUNDATION, INC.	
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Principal Place of Business 16 TAHITI BEACH ISLAND ROAD CORAL GABLES, FL 33143	Mailing Address 16 TAHITI BEACH ISLAND ROAD CORAL GABLES, FL 33143
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01042005 No Chg-NP	CR2E037 (10/03)
4. FEI Number 65-1001949	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SAWYER, EDWARD E
 200 SOUTH BISCAYNE BLVD.
 SUITE 4900
 MIAMI, FL 33131**

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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 _____

**Filing Fee is \$61.25
 Due by May 1, 2005**

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	D ERTEL, DAVID 16 TAHITI BEACH ISLAND ROAD CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERTEL, BETH 16 TAHITI BEACH ISLAND ROAD CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERTEL, BERTHA 16 TAHITI BEACH ISLAND ROAD CORAL GABLES, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/06/05-80024-009 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, 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:  **1-4-05** **305-669-0594**

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