

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000062792

Entity Name: JB SQUARED, INC.

FILED  
Feb 29, 2008  
Secretary of State

**Current Principal Place of Business:**

10154 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

10154 W SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

FEI Number: 65-1020809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BERTELLI, JUDITH  
10154 WEST SAMPLE ROAD  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BERTELLI, JUDITH  
Address: 4801 NE 16 AVE  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: DVST (X) Delete  
Name: BAKER, JOAN  
Address: 11217 ISLAND LAKES LANE  
City-St-Zip: BOCA RATON, FL 33498

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH BERTELLI

PRES

02/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date