

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 338082**

1. Entity Name  
J.J.B. INVESTMENT CORP.



Principal Place of Business  
105 E. 21 ST  
HIALEAH, FL 33010 US

Mailing Address  
105 E. 21 ST  
HIALEAH, FL 33010 US



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1259958	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

BRUNETTI, JOHN J.  
105 EAST 21 STREET  
HIALEAH, FL 33010

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	BRUNETTI, JOHN J.
STREET ADDRESS	1655 US HIGHWAY 9
CITY - ST - ZIP	OLD BRIDGE, NJ

TITLE	V
NAME	BRUNETTI, JOHN J JR.
STREET ADDRESS	1655 US HIGHWAY 9
CITY - ST - ZIP	OLD BRIDGE, NJ

TITLE	T
NAME	BOBER, MONROE
STREET ADDRESS	1655 US HWY. 9
CITY - ST - ZIP	OLD BRIDGE, NJ

TITLE	S
NAME	BRUNETTI, STEPHEN P
STREET ADDRESS	1655 US HWY. 9
CITY - ST - ZIP	OLD BRIDGE, NJ

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05  
Date

305-885-8000  
Daytime Phone #