2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # 338082

1. Entity Name

J.J.B. INVESTMENT CORP.



FILED Mar 20, 2008 08:00 A Secretary of State

Principal Place of Business

2200 EAST 4TH AVE

HIALEAH, FL 33010 US Mailing Address

PO BOX 158

HIALEAH, FL 33011

US



01282008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1259958 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

·				IIN.	I HIS SPACE	
	named entity submits this statement for the plans of registered agent.	urpose of changing its regis	stered office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep	
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE: Regi	istered Agent signature	required when reinstating)	DATÉ	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		Election Campaign F Trust Fund Contributi		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY -ST-ZIP	PD BRUNETTI, JOHN J. 1655 US HIGHWAY 9 OLD BRIDGE, NJ				000000865006 04/07/08-80010-019 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRUNETTI, JOHN J JR. 1655 US HIGHWAY 9 OLD BRIDGE, NJ					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BOBER, MONROE 1655 US HWY. 9 OLD BRIDGE, NJ			DO	DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BRUNETTI, STEPHEN P 1655 US HWY. 9 OLD BRIDGE, NJ			IN THIS SPACE		
TITLE NAME STREET ADDRESS 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 eport 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 true 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 application, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY -ST-ZIP

305 885 8M