


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90082 042 ***150.00

DOCUMENT # 570294 1. Entity Name J.C.R.B. INVESTMENT CORP.					
Principal Place of Business 1712 JOHN ANDERSON DR F ORMOND BEACH, FL 32176			Mailing Address 1712 JOHN ANDERSON DR F ORMOND BEACH, FL 32176		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-1819250	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GINSBERG, JOSEPH 1712 JOHN ANDERSON DR ORMOND BEACH, FL 32176				7. Name and Address of New Registered Agent Name ROBERT GINSBERG Street Address (P.O. Box Number is Not Acceptable) 1712 JOHN ANDERSON DR City ORMOND BEACH FL Zip Code 32176	
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: <u><i>Robert Ginsberg</i></u> DATE: <u>4/30/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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 NAME STREET ADDRESS CITY - ST - ZIP	S HUT, BETTY 920 FOREST AVE RYE, NY	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GINSBERG, ROBERT 1712 JOHN ANDERSON DR ORMOND BEACH, FL 32176	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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><i>Robert Ginsberg</i></u>		ROBERT GINSBERG		DATE: <u>4/30/07</u>	