2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F07914

1. Entity Name

J.B & W. INTERNATIONAL CORPORATION



FILED Apr 06, 2004 08:00 AM Secretary of State

Principal Place of Business 5200 N FEDERAL HWY #2 - SUITE PEN 1075

FORT LAUDERDALE, FL 33308

Mailing Address

1650 N.E. 26TH STREET

ST. 101

FORT LAUDERDALE, FL 33305

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01192004 No Chg-P ___ CR2E034 (10/03)

4. FEI Number 13-1955711 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BIRR, JAMES O., JR. ESQ. 1650 N.E. 26TH STREET STE 101

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33305				IN THIS SPACE			
The above name the obligations	ned entity submits this statement for the p of registered agent.	utpose of changing its registere	d office or n	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE	ature, typed or printed name of registered agent and title if	applicable (NOTE Registered	Agent signature	required when reinstaling)	DATE		
	IOW!!! FEE IS \$150.00 1, 2004 Fee will be \$550.00	9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000104805 04/06/04-80026-803 1 50.00		
0. OFFICERS AND DIRECTORS				,			
TREET ADDRESS 30	ERG, DENNIS 120 NE 48TH ST GHTHOUSE POINT, FL 33064	· · · · · · · · · · · · · · · · ·					
ITLE IAME TREET ADDRESS ITY-ST-ZIP							
IILE							

DO NOT WRITE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(0). 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 path, that I am an officer or director of the corporation or the receiver or trustee empoyered 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:

NAME STREET ADDRESS

MAME
STREET ADDRESS
CHY-ST-ZIP
WILE
NAME
STREET ADDRESS
CHY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CHY-ST-ZIP

CITY-ST-ZIP

NUMBER OF PRINTED NAME OF SIGNING OF CEA OR DIRECTOR

3-28-04 Daytime Pr