2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

FILED Feb 11, 2005 08:00 AM DOCUMENT # F18937 **Secretary of State** 1. Entity Name J.B. JONES, INC. Principal Piace of Business Mailing Address 13815 NW 19TH AVENUE 13815 NW 19TH AVENUE OPA LOCKA, FL 33054 OPA LOCKA, FL 33054 01182005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2095501 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ROBERT FITZISMMONS DO NOT WRITE 2950 SW 27TH AVENUE MIAMI, FL 33233-9075 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 remetating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE JONES, RICHARD L NAME STREET ADDRESS 13815 N. W. 19 AVE. _____U00000224865 T2/11/05-80015-016 150.00 CITY-SY-ZIP OPA LOCKA, FL 33054 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY -ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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.

MINTED NAME OF MUNING OFFICER OR DIRECTOR