


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # F45298
1. Entity Name
J.B.A. INVESTMENTS, INC.



Principal Place of Business Mailing Address
10940 W FLAGLER STREET #403 10940 W FLAGLER STREET #403
MIAMI, FL 33174 MIAMI, FL 33174

DO NOT WRITE IN THIS SPACE



04052004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2145035 Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ARNAIZ, JOSE R
14078 SW 47TH LANE
MIAMI, FL 33175

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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: Jose R. Arnaiz [Signature] 4/5/04
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

U00000113024
04/14/04-80047-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARNAIZ, JOSE R
STREET ADDRESS	14078 SW 47TH LANE
CITY-ST-ZIP	MIAMI FL,
TITLE	SD
NAME	ARNAIZ, BERENICE B
STREET ADDRESS	14078 SW 47TH LANE
CITY-ST-ZIP	MIAMI FL,
TITLE	VP
NAME	REYES, ANIA M.
STREET ADDRESS	320 W. 55 STREET
CITY-ST-ZIP	HIALEAH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(j), 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] 4/5/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #