


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2005 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**



04042005 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**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose R. Arnaiz      4/5/05      305.559-4003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #