## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28818

Title:

Name:

Address:

City-St-Zip:

FILED Apr 30, 2004 Secretary of State

						<b>,</b>	
Entity Nai	me: JB INVEST	ΓΜΕΝΤS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
L.O.F.F.I.N. 205 150TH AVE				PLAYA LOS ALGODONES KM 20 MEXICO			
MADEIRA BCH, FL 33708 US				SAN CARLOS, SN 85506 MX			
Current M	lailing Address	<b>::</b>		New Mailing Address:			
	O.F.F.I.N. .O. BOX 8958 ADEIRA BCH, FL 33738 US			PMB 263 13799 PARK BLVD. N. SEMINOLE, FL 33776 US			
FEI Number:	: 59-2270474	FEI Number Appli	ed For ( ) FEI Nui	mber Not Appl	icable ( )	Certificate of Status Desire	ed ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
The above	IVE N RSBURG, FL 33		nent for the purpose o	of changing i	ts registered o	office or registered agent,	, or both,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	mpaign Financing	Trust Fund Contrib	ution ( ).				
OFFICERS	S AND DIRECT	ORS:		ADDITION	IS/CHANGES	TO OFFICERS AND DI	RECTORS:
Title: Name: Address: City-St-Zip: Title: Name: Address:	DE BRUIJN, JOE 669 1ST AVE N ST PETERSBUR	G, FL 33701 Delete		Title: Name: Address: City-St-Zip: Title: Name: Address:	DE BRUIJN, JC 669 1ST AVE N ST PETERSBU	I RG, FL 33701 US ) Change ( ) Addition ART	
City-St-Zip:	ST PETERSBUR	G, FL 33701		City-St-Zip:		RG, FL 33701 US	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	JACQUES, DE 669 1ST AVE N		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JACQUES DE BRUIJN, SECRETARY SD 04/30/2004

() Delete

( ) Change (X) Addition

ANTOINETTE, VAN PUTTE

ST. PETERSBURG, FL 33701 US

669 1ST AVE. N.