

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2005 8:00 am
Secretary of State

06-03-2005 90003 025 ***150.00

DOCUMENT # K34551	
1. Entity Name JTB & P MUMBING INC	

DO NOT WRITE IN THIS SPACE

50053326

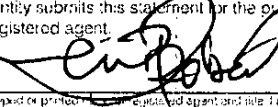
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7495 NW 7th Suite, Apt. #, etc. MIAMI FL 33126 City & State FL #7 Zip Country		3. Mailing Address 7495 NW 7th Suite, Apt. #, etc. BAY #7 City & State Miami FL Zip Country 33126 Dade	
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4. FEI Number 592732019	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

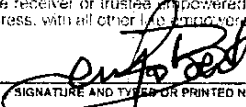
DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 	DATE 4/12/05

January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BENJAMIN ROBERT 505 NW 127th Miami FL 33168	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MICHELLE ROBERT 505 NW 127th Miami FL 33168	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)(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 trustee or trustee-in-power to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or on an attachment with an address, with all other information.	
SIGNATURE: 	DATE 4/12/05
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E034B (12/02)