## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 21, 2004 08:00 AM Secretary of State

ANNUAL KEPUKI					Secretary of State				
DOCUMENT # M40816  1. Entity Name  J.B. ENTERPRISES INC. OF SOUTH FLORIDA						secretary	y 01 S	tate	
Principal Place of Business Mailing Address				<del>-</del> -	1				
2895 LUCKIE RD FT LAUDERDALE, FL 33331		2895 LUCKIE RD FT LAUDERDALE, FL 33331		1 (38 83 88 1) 183 8	(1)		31 man: Albie 18 ma	71 <b>22</b> 1   1: 1222	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192004	Chg-P	CR2E0	34 (10/03)		
City & State		City & State		4. FEI Number 59-2759				plied For at Applicable	
Zip	Country	Zip	Coun	otry	<u> </u>	of Status Desired	<u> </u>	\$8.75 Add Fee Required	
ļ	6. Name and Address of Curren	t Registered Agent		Nama	7. Name and	Address of New R	egistered /	<u>igent</u>	
POBINGO	N KEEDEV			Name					
ROBINSON, JEFFREY 2895 LUCKIE RD FT LAUDERDALE, FL 33331				Street Address	P.O. Box Number	is Not Acceptable	»)		
				City			FL	Zip Code	e
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 privide reme of registered agent and title if applicable (NOTE: Registered Agent agreeter required when releasating)  DATE									
	Signature, typed or printed name of registered agen	if and file if applicable. (NO	TE; Registero	d Agent signature raquire	d when reinstaling)		DATE		
Fil. After M	E NOW!!! FEE !S \$150.00 ay 1, 2004 Fee will be \$550		atribution.	ncing \$5	.00 May Be led to Fees	<u></u>			
10.	OFFICERS AND		11.	·	ADDITIONS/C	CHANGES TO OFF	ICERS AND		
TITLE	PO	Oelete	TITL	. 1				Change	Addition
NAME STREET ADDRESS	ROBINSON, JEFFREY 2895 LUCKIE RD.		NAM STS	EET ADORESS		110000012	2047		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33331			*-\$T-ZIP	U00000122347 04/21/04-80051-014 150.00				
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CITY-ST-ZIP				?-51-2IP					;
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TITLE NAME		☐ Delete	TITE NAN	3				☐ Change	Addition
STREET ADDRESS				EET ADDRESS					1
CRY-ST-ZIP			CSTY	7-51-ZIP					
12. I hereby	certify that the information supplied wi	th this liting does not qualify to	or the exe	emption stated in S	ection 119.07(3)(i	, Florida Statutes.	I further cer	tify that the Ir	nformation
12. I hereby certify that the information supplied with this liting 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 cath, that I am an officer or director of the corporation or the preceiver 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.									