2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 26, 2007 08:00 AM DOCUMENT # M91581 **Secretary of State** JRB ENTERPRISES OF PALM BEACH COUNTY, INC. Principal Place of Business Mailing Address 10152 WEST INDIANTOWN ROAD SUITE 130 10152 WEST INDIANTOWN ROAD SUITE 130 JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business - No P O. Box # 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0061722 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Dosired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BECK, JOHN R 10152 WEST INDIANTOWN ROAD Stroet Address (P.O. Box Number is Not Acceptable) **SUITE 130** JUPITER FL 33478 Zip Code 8. The above named onlity 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 agont. Signature, typed or printed name of registered agent and filler applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BECK, JOHN R NAME NAME 10152 WEST INDIANTOWN ROAD STRIFF ADDRESS STREET ADDRESS JUPITER FL 33478 CITY-ST-7IP CITY-ST-ZIP THE ☐ Delete III1E Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CUTY ST-7IP CITY-ST-7IP Delete THE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST-7IP TITLE Delete HILE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-SI-ZIP Defete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP **TITLE** Delete TITLE ☐ Change Addition NAME NAME STREET CADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath, 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:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07 (561) 747-0938