2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010178

Entity Name: JYBAWORLD NFP INC

FILED Jul 27, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

645 E ATLANTIC AVENUE DELRAY BEACH, FL 33483

Current Mailing Address: New Mailing Address:

645 E ATLANTIC AVENUE DELRAY BEACH, FL 33483

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BUSINESS FILINGS INCORPORATED

1203 GOVERNORS SQUARE BLVD

SUITE 101

COURTLAND, REEVES
17555 COLLINS AVENUE
APT 2705

TALLAHASSEE, FL 323012960 US SUNNY ISLES BEACH, FL 33160 US

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.

SIGNATURE: COURTLAND REEVES 07/27/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: () Change () Addition

 Name:
 HAREZI, HONKA
 Name:

 Address:
 645 E ATLANTIC AVENUE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:

Title: VPD () Delete Title: () Change () Addition

 Name:
 REEVES, COURTLAND
 Name:

 Address:
 645 E ATLANTIC AVENUE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:

Title: SD (X) Delete Title: () Change () Addition

 Name:
 BARRIOS, FELIPE
 Name:

 Address:
 645 E ATLANTIC AVENUE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33483
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: COURTLAND REEVES DVP 07/27/2009

Electronic Signature of Signing Officer or Director

Date