


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90003 008 ***158.75

DOCUMENT # P00000031689	
1. Entity Name JB HOWELL & COMPANY, CORP.	

Principal Place of Business 3900 NW 79 AVENUE #233 MIAMI FL 33166	Mailing Address 3900 NW 79 AVENUE #233 MIAMI FL 33166
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2. Principal Place of Business 13790 NW 4th Street Suite, Apt. #, etc. #111	3. Mailing Address 13790 NW 4th Street Suite, Apt. #, etc. #111
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City & State Sunrise, Florida	City & State Sunrise, Florida
Zip 33325	Zip 33325
Country Broward	Country Broward



MOORE CR2E034 (11/03)

4. FEI Number 65-0994363	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent JACOBSON, ADAM 3900 NW 79 AVENUE #233 MIAMI FL 33166 (change of address.)	
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7. Name and Address of New Registered Agent Name Adam Jacobson Street Address (P.O. Box Number is Not Acceptable) 13790 NW 4 Street, Suite 111 City Sunrise FL Zip Code 33325	
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD JACOBSON, ADAM 3900 NW 79 AVENUE #233 MIAMI FL 33166	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:  **Adam Jacobson** **2-23-04** (305) 642-9800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #