2008 FOR PROFIT CORPORATION

Apr 03, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P00000112533 1. Entity Name JBRTP INVESTMENTS, INC. Principal Place of Business Mailing Address 4155 EAST MOWRY DRIVE 4155 EAST MOWRY DRIVE HOMESTEAD, FL 33033 HOMESTEAD, FL 33033 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1063550 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ZANETTI-LEON, ALINA ESQ DO NOT WRITE 4155 EAST MOWRY DRIVE HOMESTEAD, FL 33033 IN THIS SPACE 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 printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000879036 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 04/15/08-80003-021 138.7**5** OFFICERS AND DIRECTORS 10. D TITLE RUTTER, JOSIAH B NAME STREET ADDRESS 26777 SW 190TH AVE. CITY-ST-ZIP HOMESTEAD, FL 33031 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE:

CITY-ST-ZIP

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