2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000037518

Entity Name: JBA ASSETS, INC.

FILED Apr 29, 2004 Secretary of State

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

6850 NW 2ND AVE STE 17 G-323 MONACO BLVD BOCA RATON, FL 33487

SUITE 323

DELRAY BEACH, FL 33446

Current Mailing Address: New Mailing Address:

PO BOX 812224 G-323 MONACO BLVD BOCA RATON, FL 334812224

SUITE 323

DELRAY BEACH, FL 33446

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

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

BEN-ARI, JACOB DR BEN-ARI, JACOB DR 6850 NW 2ND AVE STE 17 G-323 MÓNACO BLVD

BOCA RATON, FL 33487 US DELRAY BEACH, FL 33446 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: 04/29/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

BEN-ARI, JACOB DR BEN-ARI, JACOB DR Name: Name: PO BOX 812224 G-323 MONACO BLVD Address: Address: City-St-Zip: BOCA RATON, FL 334812224 City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutés. 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR. JACOB BEN-ARI DP 04/29/2004