2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000048261

1. Entity Name

J & B PROTECTIVE SERVICES, INC.



Principal Place of Business

8965 NE 6 AVE MIAMI SHORES, FL 33138 Mailing Address

8965 NE 6 AVE

MIAMI SHORES, FL 33138

FILED Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90085 001 ***300.00



DO NOT WRITE IN THIS SPACE

01202007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1113419 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. N	lame an	d Addre	ess of C	urrent F	Registered	Agent
	•		•		•	

BOISNOTE, JEMIMA 1020 N.E 153 TERRACE MIAMI, FL 33162

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the poons of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title i	if applicable INOTE Registered	l Aneni sionaliiri	r renuired when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	P. Election Campaign Financing Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution. Trust Fund Contribution.			
10.	OFFICERS AND DIREC	CTORS		· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOISNOTE, MELYS 8965 NE 6 AVE MIAMI SHORES, FL 33138				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O BOISNOTE, JEMIMA 1020 N.E. 153 TERRACE MIAMI, FL 33162				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
NAME STREET ADDRESS					

12. Thereby 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 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:

SIGNATURE

CITY-ST-ZIP

PUTURY KINTED IN ME OF SIGNING DEFICER OF SECTOR

January 20, 200 6