

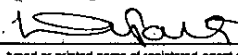



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Apr 21, 2005 8:00 am
Secretary of State

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DOCUMENT # P01000101912				Secretary of State	
1. Entity Name JJB, INC. OF OCALA				04-21-2005 90245 031 ***150.00	
Principal Place of Business 4013 NORTHWEST BLITCHTON ROAD OCALA, FL		Mailing Address 4013 NORTHWEST BLITCHTON ROAD OCALA, FL			
2. Principal Place of Business 120 NW 40TH AVENUE Suite, Apt. #, etc.		3. Mailing Address 120 NW 40TH AVENUE Suite, Apt. #, etc.			
City & State OCALA FLORIDA		City & State OCALA FLORIDA		4. FEI Number 59-3752149	
Zip 34482		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name: DIPAK B. PATEL Street Address (P.O. Box Number is Not Acceptable) 120 NW 40TH AVENUE City: OCALA FL Zip Code: 34482			
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:  DATE: 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD PATEL, DIPAK B 4013 NORTHWEST BLITCHTON ROAD OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 120 NW 40TH AVENUE OCALA FL 34482		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD PATEL, ANIL N 4013 NORTHWEST BLITCHTON ROAD OCALA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5657 HWY 20 NE CARTERSVILLE GA 30121		
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		
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: 		4/19/05 352-732-4590 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					