## **2008 FOR PROFIT CORPORATION**

## Apr 28, 2008 08:00 AN Secretary of State **ANNUAL REPORT DOCUMENT # P03000021275** 1. Entity Name J.B.G. ENTERPRISES, INC. Principal Place of Business Mailing Address 810 SATURN STREET **810 SATURN STREET** UNIT #16 UNIT #16 JUPITER, FL 33477 JUPITER, FL 33477 01052008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 02-0676055 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST: 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE U000000929551 GONZALEZ, JUAN B NAME 05/21/08-80074-004 150.00 STREET ADDRESS 810 SATURN STREET # 16 CITY - ST - ZIP JUPITER, FL 33477 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE 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 adverses, within the impowered.

SIGNATURE:

CITY-ST-ZIP THILE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY - ST - ZIP

> a SIGNATURE AND TYPED OF AME OF E GNING OFFICER OR DIRECTOR

Daytime Phone #

**FILED**