2008 FOR PROFIT CORPORATION

FILED Anr 18, 2008 08:00 Al ate

ANNUAL REPORT			Secretary of St	
DOCUMENT # P030000				Secretary of St
JABEZ INVESTMENT PROPERT	FIES INC.			
Principal Place of Business	Mailing Address			
10972 SW HARTWICK DRIVE Port St Lucie, FL 34987	10972 SW HARTWICK DR Port St Lucie, Fl. 349			
		1		
		State of the second second	04152008 No Chg-P	CR2E034 (11/05)
DO NOT WRI	TE IN THIS SI	PACE	FEI Number 82-0589165	Applied For Not Applicable
HILL TO THE STATE OF THE STATE			. Certificate of Status Desire	ed \$8.75 Additional Fee Required
6. Name and Address of Cu	rrent Registered Agent			
APONTE, LISA-JANE			DO NOT	MPITE
10972 SW HRTWICK DRIVE PORT ST LUCIE, FL 34988-7			一 医多种复数形式 等 (- 10 miles -
1000 01 20012,12 040001			INTHIS	SPACE
8. The above named entity submits this statem	nent for the purpose of changing its re	egistered office or registered	agent, or both, in the State of	
I the objidations of registered agent				
the obligations of registered agent				
SIGNATURE	d agent and title d applicable (NOTE	Registered Agent signature required whi	en reinstating)	DATE
SIGNATURE	9. Election Campaig	gn Financing \$5.00) W	
SIGNATURE Signature, typed or printed name of registers FILE NOW!!! FEE IS \$150.0 After May 1, 2008 Fee will be \$: 10. OFFICERS	9. Election Campaig	gn Financing \$5.00) W	00905831 08-80068-010 150.00
SIGNATURE Signature, typed or printed name of registers FILE NOW!!! FEE IS \$150.0 After May 1, 2008 Fee will be \$: 10. OFFICERS IIILE PRES	9. Election Campaig 550.00 Trust Fund Contrib	gn Financing \$5.00) W	
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SIGNATURE Signature, typed or printed name of registere FILE NOW!!! FEE IS \$150.0 After May 1, 2008 Fee will be \$: 10. OFFICERS IIILE PRES NAME APONTE, LISA-JANE SIRELI ADDRISS 10972 SW HARTWICK DRI PORT ST LUCIE, FL 3498:	9. Election Campaig Trust Fund Contrib AND DIRECTORS	gn Financing \$5.00) W	
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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 accorate 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:

NAME STREET ADDRESS