


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000034544	
1. Entity Name J.B. HOME INVESTMENTS, INC.	

FILED

04 MAY 27 PM 12:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11540 SW 185TH TERR. MIAMI, FL 33157	Mailing Address 11540 SW 185TH TERR. MIAMI, FL 33157
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

03202003	Chg-P	CR2E034 (10/03)	<i>MRD</i>
4. FEI Number 45-0513836		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
BAGLEY, JACQUELINE 11540 SW 185TH TERR. MIAMI, FL 33157	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 000027724640	
City FL	
Zip Code 06/07/04--01051--013 **150.00	

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	(NOTE: Registered Agent signature required when re-registering)	DATE
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FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAGLEY, JACQUELINE 11540 SW 185TH TERR. MIAMI, FL 33157
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:	<i>[Signature]</i>	Date	Daytime Phone #
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05-26-04