


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90066 007 ***150.00

DOCUMENT # P03000048570					
1. Entity Name JABES INTERNATIONAL INC.					
Principal Place of Business 6041 NW 201 LANE MIAMI, FL 33015			Mailing Address 6041 NW 201 LANE MIAMI, FL 33015		
2. Principal Place of Business 6423 Champlain ter.		3. Mailing Address 6423 Champlain ter.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Davie Florida		City & State Davie Florida		4. FEI Number 56-2351149	
Zip 33331		Country US		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 BERMUDEZ, MARIA A 6041 NW 201 LANE MIAMI, FL 33015			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6423 Champlain ter. City Davie FL Zip Code 33331		
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 <i>Van A Berdez</i> DATE <i>3/25/05</i> <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	P BERMUDEZ, MARIA A 6041 NW 201 LANE MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6423 Champlain ter Davie FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERMUDEZ, ADNERY 6041 NW 201 LANE MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6423 Champlain ter. Davie FL 33331	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. BERMUDEZ-RODRIGUEZ, VILMARY 6041 NW 201 LANE MIAMI, FL 33015	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6423 Champlain ter. Davie FL 33331	<input checked="" 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: <i>Latia A BERMUDEZ</i>			DATE <i>3/25/05</i> DAYTIME PHONE # <i>(954) 434 8404</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					