


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90073 016 ***150.00

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|--|---|--|--|
| DOCUMENT # P03000070420 1. Entity Name JBT INVESTMENTS, INC. | |  | |
| Principal Place of Business 8600 S.W. 67TH AVENUE APT. 943 PINECREST, FL 33143 | | Mailing Address 8600 S.W. 67TH AVENUE APT. 943 PINECREST, FL 33143 | |
| 2. Principal Place of Business - No P.O. Box # 10250 SW 111 St | | 3. Mailing Address 10250 SW 111 St | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Miami, FL | | City & State Miami FL | |
| Zip 33176 | | Zip 33176 | |
| Country Dade | | Country Dade | |
| 4. FEI Number 05-0578195 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PARR, JORGE O 8600 S.W. 67TH AVENUE APT. 943 PINECREST, FL 33143 | | 7. Name and Address of New Registered Agent Name Parr, Jorge O Street Address (P.O. Box Number is Not Acceptable) 10250 SW 111 St City Miami FL Zip Code 33176 | |
| 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 _____ <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, 2007 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 P | NAME PARR, JORGE O | <input type="checkbox"/> Delete | |
| STREET ADDRESS 8600 S.W. 67TH AVENUE APT. 943 | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP PINECREST, FL 33143 | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> Delete | |
| STREET ADDRESS | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| CITY-ST-ZIP | | | |
| 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 address, with all other like empowered. | | | |
| SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | Date 3/14/07 | |
| | | Daytime Phone # 3052610251 | |