

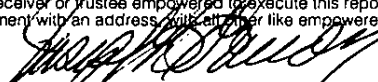


**FILED**  
**Apr 09, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000096005</b> 1. Entity Name J.B. GARRON CONSTRUCTION CONSULTING, INC.			
Principal Place of Business 951 SW 4TH AVE. BOCA RATON, FL 33432-5803		Mailing Address 951 SW 4TH AVE. BOCA RATON, FL 33432-5803	
<b>DO NOT WRITE IN THIS SPACE</b>			
		04042008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-0208440	
		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  BLAKESBERG, JON D 951 SW 4TH AVE. BOCA RATON, FL 33432-5803			
<b>DO NOT WRITE IN THIS SPACE</b>			
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, 2008 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		DATE 04/21/08-80019-008 150.00	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GARRON, JOSEPH B 951 SW 4TH AVE. BOCA RATON, FL 334325803		
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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:  PRESIDENT		4/7/08 561-998-2747	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	