2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 30, 2007 08:00 AM Secretary of State

Fee Required

Daytime Phone #

| DOCUMENT # | :P0300015819 | 97 |
|-------------------|--------------|----|
|-------------------|--------------|----|

1. Entity Name
THE JAYBARB CORP



Principal Place of Business

12057 SW 1ST ST. CORAL SPRINGS, FL 33071 Mailing Address

12057 SW 1ST ST. CORAL SPRINGS, FL 33071



DO NOT WRITE IN THIS SPACE

| 04232007 No Chg-P | | CR2E034 (11/05) | | | |
|---------------------|----------------|-----------------|-------------------|--|--|
| 4. FEI Number | | | Applied For | | |
| 20-07082 | 12 | | Not Applicable | | |
| 5. Certificate of S | Status Desired | П | \$8.75 Additional | | |

6. Name and Address of Current Registered Agent

GOLDSTEIN, JAY 12057 SW 1ST ST. CORAL SPRINGS, FL 33071

DO NOT WRITE IN THIS SPACE

| | named entity submits this statement for the priors of registered agent. | urpose of changing its registere | d office or re | egistered agent, or bo | th, in the State of Florida. I am familiar with, and accept | |
|--|---|----------------------------------|-----------------|---------------------------------------|---|--|
| SIGNATURE: | Signature, typed or printed name of registered agent and title if | applicable. (NOTE: Registered | Agent signature | required when reinstating) | OATE | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution. | | | cing | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIREC | TORS | | · · · · · · · · · · · · · · · · · · · | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES GOLDSTEIN, JAY 12057 SW 1 ST CORAL SPRINGS, FL 33071 | | , | | U00000749721 05/18/07-80032-018 150.00 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECY GOLDSTEIN, BARBARA 12057 SW 1ST CORAL SPRINGS, FL 33071 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | IN ' | THIS SPACE | |
| 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 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. | | | | | | |