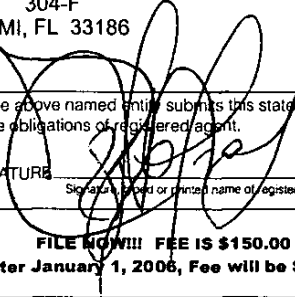
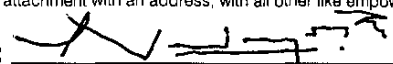


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 DEC -2 PM 4: 01

DOCUMENT # P04000035074			
1. Entity Name J.E.S.B. INVESTMENT, CORP			
Principal Place of Business 9020 S.W. 125 AVENUE, APT 304 - F MIAMI, FL 33186		Mailing Address 9020 S.W. 125 AVENUE, APT 304 - F MIAMI, FL 33186	
2. Principal Place of Business 2645 Executive Park Drive (same) Suite, Apt. #, etc. Suite 111 City & State Weston - FL Zip 33331 Country BROWARD		3. Mailing Address (same) Suite, Apt. #, etc. City & State City Zip Country	
4. FEI Number 27-0080578		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 MORA, DIEGO F 9020 S.W. 125 AVENUE APT 304-F MIAMI, FL 33186		7. Name and Address of New Registered Agent Name DIEGO F. HORD Street Address (P.O. Box Number is Not Acceptable) 2645 EXECUTIVE PARK DRIVE/111 City WESTON 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  Signature and printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) Date 11/28/2005	
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, JORGE E <input type="checkbox"/> Delete 9020 S.W. 125 AVENUE, APT 304 MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALAZAR, JORGE E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2645 EXECUTIVE PARK DRIVE WESTON- FL- 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORA, DIEGO F <input type="checkbox"/> Delete 9020 S.W. 125 AVENUE, APT 304-F MIAMI, FL 33186	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HORD DIEGO F. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2645 EXECUTIVE PARK DRIVE WESTON- FL- 33331
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
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
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
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		11-28/05 954- Date Daytime Phone #	