


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90100 007 \*\*\*150.00

**DOCUMENT # P04000049364**

1. Entity Name  
**J.B.A. CLOSEOUTS, INC.**



Principal Place of Business      Mailing Address

4340 SHERIDAN ST., 2ND FLOOR      4340 SHERIDAN ST., 2ND FLOOR  
 HOLLYWOOD, FL 33021                  HOLLYWOOD, FL 33021

**50011640**

2. Principal Place of Business      3. Mailing Address

**1920 NE 207<sup>th</sup> Street**      **1920 NE 207<sup>th</sup> Street**

Suite, Apt. #, etc.                      Suite, Apt. #, etc.



02022005      Chg-P      CR2E034 (10/03)

City & State      City & State

**North Miami Beach, FL**      **North Miami Beach, FL**

Zip      Country      Zip      Country

**33179**      **USA**      **33179**      **USA**

4. FEI Number      Applied For

**20-0871163**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SERFATY, CHARLES S**  
**4340 SHERIDAN ST., 2ND FLOOR**  
**HOLLYWOOD, FL 33021**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      **FL**      Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE	PSTD <input type="checkbox"/> Delete
NAME	<b>BADOUCHE, DAVID A</b>
STREET ADDRESS	<b>4340 SHERIDAN ST., 2ND FLOOR</b>
CITY-ST-ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Badauche David A</b>
STREET ADDRESS	<b>1920 NE 207 Street</b>
CITY-ST-ZIP	<b>North Miami Beach, FL 33179</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:** \_\_\_\_\_ **02/03/05**      Date      Daytime Phone # \_\_\_\_\_