FILED Apr 25, 2005 8:00 am Secretary of State 04-25-2005 90244 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P0400086254 1. Entity Name JABOED, INC.									-0449	9		
10051 SOUTHWEST 120TH STREET				Mailing Address 10051 SOUTHWEST 120TH STREET MIAMI, FL 33176			20044338					
2. Principai Place of Business 3.				. Mailing Address								
Suite, Apt. #, etc.			Su	Suite, Apt. #, etc.				04082005	Chg-P	CR2E0	34 (10/03)	
City & State			City & State					4. FEI Number 20-1	28-52	30	, , , , , , , , , , , , , , , , , , ,	oplied For ot Applicable
Zip	Co	Duntry	Zij	ρ	Coun	try	-		of Status Desire		\$8.75 Add	ditional
	6. Name and	Address of Curren	t Registe	red Agent		Name		7. Name and	Address of New	Registered	Agent	
RIEGLER, JAMES						Name						
9002 SOU MIAMI, FL			Street Add	dress (l	P.O. Box Numbe	er is Not Accepta	abie) 	· · · · · · · · · · · · · · · · · · ·				
					City		, , , , , , , , , , , , , , , , , , , 		FL	Zip Cod	e :	
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SIGNATURE.	Signature, typed or print	ad risms of registered age	nt and title if a	pplicable. (NO	TE: Pogietare	Agent signature	required	when reinstating)		DATE	11111	
FIL After M	A NOWIII FEI ny 1, 2005 Fe	I IS \$150.00 • will be \$550	.00	Election Camp. Trust Fund Cor		ncing	\$5. Add	00 May Be ed to Fees				
10,		OFFICERS AN	DIRECT	ORS	11.			ADDITIONS/	CHANGES TO C	OFFICERS AND	DIRECTOR	S IN 11
TITLE NAME	PD EDWARDS, JA	ACK		Delets TITLE		1					☐ Change	Addition .
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TITLE	SD			☐ Delete	пи	-	•				☐ Change	☐ Addition
STREET ADDRESS CITY-SI-ZIP	EDWARDS, BU 10051-SOUTH MIAMI, FL 33	WEST 120TH ST	REET	. 	STREI							
TITLE				Delets					 	Change	Addition	
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CITY-ST-ZIP			•			-ST-ZIP						
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12. I hereby certify that the information supplied with this filling 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 of 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.												
SIGNAT		ock		Luc	u	<u></u>			·			···
		SHATURE AND TYPED OF	- THINTED N	AME OF SIGNING OFFICE			· · ·	1	Date		aytime Phone #	<u> </u>