## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000149248  1. Entity Name JEBA ENTERPRISES, INC.							05 AUG 25 11111149			
Principal Place					CEU.					
1555 S.W. 16 PEMBROKE F		LDG. 4 SUITE 310 3025	1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025			s swærtsåre ski			hri <b>dri</b> l sa adma	
2. Principal P		ness	3. Mailing Address 1/020 PEMBROKE ROAD							
Suite, Apt. #, etc.			Suite, Apt. #, etc. # 2()				08212005	Chg-P	CR2E034 (10/03)	
City & State			City & State MIRAMAR FL				4. FEI Numb	7 <i>33933</i>	<del>- </del>	oplied For ot Applicable
Zip	Country		Zip Count 33025 U		JSA	5. Certificate of Statu			red S8.75 Additional Fee Required	
6. Name and Address of Current F			Registered Agent	stered Agent Name			7. Name and Address of New Registered Agent			
HAYNES, EDWARD 1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025					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										
Fii Di	ign Finar tribution,			.00 May Be ed to Fees	In accordance v	with s. 607.193(2)(b), not receive the prior	F.S., the notice.			
10. OFFICERS AND DIRECTORS							ADDITIONS	I /CHANGES TO OFF	CERS AND DIRECTOR	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Delete BROWN, JULIA E 1601 NORTH WEST 81ST ST MIAMI, FL 33147				E IE EET ADDRESS '-ST-ZIP	0 ADA 273 MI	AMS, W 34 NW IAMI,	200 TER FL 330:	Change RACE 56	(M Addition
TITLE	VP		☐ Delete	TITL					☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	HAYNES, EDWARD  1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025				EET ADDRESS		þ	'OOOS9	015982	
TITLE	TS Delete				E		0872	2 <del>6/05 - 010</del> 0	3022 <b>8</b>	5 Addition
NAME STREET ADDRESS CITY-ST-ZIP	MCKENZIE, VALERIE 7121 ALHAMBRA BLVD MIRAMAR, DL 33023				eet address '-st-zip					
TITLE NAME			☐ Delete	TITL					Change	Addition
STREET ADDRESS CITY-ST-ZIP				STR	EET ADORESS '-ST-ZIP					
TITLE NAME			Delete	TITU Nam					Change	Addition
STREET ADDRESS CITY-ST-ZIP				STRI	EET ADDRESS '-ST-ZIP					
TITLE NAME			☐ Delete	TITL					Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STRE	EET ADDRESS '-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: Edward & Flagnes Edward L. HayNES 8/20/05 (954) 445-3779 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date										