

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000149248</b>			
1. Entity Name <b>JEBA ENTERPRISES, INC.</b>			
Principal Place of Business <b>1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025</b>		Mailing Address <b>1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025</b>	
2. Principal Place of Business		3. Mailing Address <b>11020 PEMBROKE ROAD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b># 211</b>	
City & State		City & State <b>MIRAMAR, FL</b>	
Zip	Country	Zip	Country
<b>33025</b>		<b>33025</b>	<b>USA</b>
4. FEI Number <b>11-373933</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>HAYNES, EDWARD 1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		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	<b>CEO BROWN, JULIA E 1601 NORTH WEST 81ST ST MIAMI, FL 33147</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ADAMS, WAYNE 2734 NW 200 TERRACE MIAMI, FL 33056</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP HAYNES, EDWARD 1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025</b> <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	<b>TS MCKENZIE, VALERIE 7121 ALHAMBRA BLVD MIRAMAR, DL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200059015982</b> <del>08/26/05-01003-022</del> <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.			
<b>SIGNATURE:</b> <i>Edward L. Haynes</i> <b>EDWARD L. HAYNES</b>		Date <b>8/20/05 (954) 445-3779</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

FILED  
05 AUG 25 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FL



08212005 Chg-P CR2E034 (10/03)