

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2006 JUN 29 PM 4:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000149248					
1. Entity Name JEBA ENTERPRISES, INC.					
Principal Place of Business 1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025			Mailing Address 11020 PEMBROKE ROAD #211 MIRAMAR, FL 33025 US		
2. Principal Place of Business 7121 ALHAMBRA BLVD		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc.			
City & State MIRAMAR, FL		City & State			
Zip 33023		Country USA		4. FEI Number 11-3733933	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent HAYNES, EDWARD 1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025			7. Name and Address of New Registered Agent Name: EDWARD HAYNES Street Address (P.O. Box Number is Not Acceptable): 7121 ALHAMBRA BLVD City: MIRAMAR FL Zip Code: 33023		
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: <u>Edward Haynes</u> DATE: <u>6/27/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when revalidating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	CEO BROWN, JULIA E 1601 NORTH WEST 81ST ST MIAMI, FL 33147	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 200076779982 07/03/06--01004--001 **237.50	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HAYNES, EDWARD 1555 S.W. 109TH AVE BLDG. 4 SUITE 310 PEMBROKE PINES, FL 33025	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P HAYNES, EDWARD 7121 ALHAMBRA BLVD MIRAMAR, FL 33023	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS MCKENZIE, VALERIE 7121 ALHAMBRA BLVD MIRAMAR, FL 33023	<input checked="" 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	D ADAMS, WAYNE 2734 NW 200 TERRACE MIAMI, FL 33056	<input checked="" 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	[Empty]	<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	[Empty]	<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 exemptions contained in Chapter 119, 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: <u>Edward Haynes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			6/27/06 (954) 445-3779 <small>Date Daytime Phone #</small>		