

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P04000149473</b> 1. Entity Name <b>JEBA ENTERTAINMENT GROUP, 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  Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>11020 PEMBROKE ROAD</b> Suite, Apt. #, etc. <b>#211</b> City & State <b>MIRAMAR, FL</b> Zip      Country <b>33025      USA</b>			
4. FEI Number <b>11-3733996</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				08202005      Chg-P      CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HAYNES, EDWARD</b> <b>1555 S.W. 109TH AVE BLDG 4 SUITE 310</b> <b>PEMBROKE PINES, FL 33025</b>				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO <b>BROWN, JULIA E</b> <b>1601 NORTH WEST 81ST ST</b> <b>MIAMI, FL 33147</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>HANNA, ED</b> <b>10301 SW 145TH ST</b> <b>MIAMI, FL 33176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> <b>HAYNES, EDWARD L</b> <b>1555 S.W. 109TH AVE BLDG 4 SUITE 310</b> <b>PEMBROKE PINES, FL 33025</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>HAYNES, AORIE NE</b> <b>1555 SW 109TH AVE #310</b> <b>PEMBROKE PINES, FL 33025</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VP</b> <b>THOMPSON, CHARLES</b> <b>2620 NW 67TH ST</b> <b>MIAMI, FL 33147</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>ROSS, CHARLENE B</b> <b>1601 NW 81ST ST</b> <b>MIAMI, FL 33147</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S</b> <b>BAKER, NIKKI</b> <b>1601 NORTH WEST 81ST ST</b> <b>MIAMI, FL 33147</b>	<input type="checkbox"/> Delete	<b>300059015893</b> <b>08/26/05--01003--022 **875.00</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>T</b> <b>HENRY, ROBERT</b> <b>2465 SW 103RD WAY</b> <b>MIRAMAR, FL 33025</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>MCKENZIE, VALERIE</b> <b>7121 ALHAMBRA BLVD</b> <b>MIRAMAR, FL 33023</b>	<input type="checkbox"/> Delete	<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: <i>Edward L. Haynes</i> EDWARD L. HAYNES 8/20/05 (954) 445-3779</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					

FILED  
05 AUG 25 AM 11:46  
SEC. OF STATE  
TALLAHASSEE, FL

