

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000075012

Entity Name: JABES OF AMERICA INC

FILED
Jun 16, 2006
Secretary of State

Current Principal Place of Business:

12350 SW 132 CT
205
MIAMI, FL 33186

Current Mailing Address:

11055 SW 15ST
#110
PEMBROKE PINES, FL 33025

New Principal Place of Business:

6835 NARCCOSSEE RD
UNIT 19
ORLANDO, FL 32822

New Mailing Address:

P O BOX 470483
CELEBRATION, FL 34747

FEI Number: 34-2047316

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALVERDE, PRIMAVERA
12350 SW 132 CT
205
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

VALVERDE, PRIMAVERA
P O BOX 470483
CELEBRATION, FL 34747 US

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.

SIGNATURE: PRIMAVERA VALVERDE

06/16/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: VALVERDE, ISMAEL F SR
Address: 11055 SW 15ST # 110
City-St-Zip: PEMBROKE PINES, FL 33025

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VALVERDE, ISMAEL F SR
Address: P O BOX 470483
City-St-Zip: CELEBRATION, FL 34747

Title: D () Change (X) Addition
Name: NYKED SA,
Address: AV. FRANCISCO DE ORELLANA # 18
City-St-Zip: GUAYAQUIL, GU ECUADOR SA

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISMAEL F. VALVERDE

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06/16/2006

Electronic Signature of Signing Officer or Director

Date