


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90018 033 \*\*\*150.00

<b>DOCUMENT # P05000110635</b>	
<b>1. Entity Name</b> J.E.B. INVESTMENTS OF SOUTH FLORIDA, INC.	

<b>Principal Place of Business</b> 5300 N.W. 12 AVENUE #3 FT. LAUDERDALE FL 33309	<b>Mailing Address</b> 5300 N.W. 12 AVENUE #3 FT. LAUDERDALE FL 33309
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<b>2. Principal Place of Business</b> 5300 NW 12th Ave Suite, Apt. #, etc. FT. LAUD FL 33309	<b>3. Mailing Address</b> Same Suite, Apt. #, etc. City & State Unit 3 City & State Zip 33309 Country USA
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1st MOORE CR2E034 (10/05)

<b>4. FEI Number</b> 65-1137440	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b> BLASER, JOHN 5300 N.W. 12 AVENUE #3 FT. LAUDERDALE FL 33309	
<b>7. Name and Address of New Registered Agent</b> Name 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: *John S. Blaser* (NOTE: Registered Agent signature required when reappointing)  
DATE: 2/27/2006

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLASER, JOHN 5300 N.W. 12 AVENUE, #3 FT. LAUDERDALE FL 33309 <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
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**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *John S. Blaser Pres* John S Blaser  
DATE: 2/27/2006 956 489-0084  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR