

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000167793	
1. Entity Name JBD INTERNATIONAL INC	



FILED
08 SEP 25 PM 2:01

CLERK OF STATE
TALLAHASSEE, FLORIDA



09122008 Chg-P CR2E034 (12/06)

Principal Place of Business 500 PALM AVENUE, #632 BOCA GRANDE, FL 33921	Mailing Address POST OFFICE BOX 951 BOCA GRANDE, FL 33921
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2. Principal Place of Business - No P.O. Box # 5107 CARIBBEAN BLVD #115	3. Mailing Address 1050 N E 139 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State WEST PALM BEACH, FL	City & State NORTH MIAMI, FL
Zip 33407	Zip 33161
Country USA	Country USA

8. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145	
7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 15, 2008	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.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DESTINOBLE, JEAN B 500 PALM AVENUE, #632 BOCA GRANDE, FL 33921	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD DESTINOBLE JEAN B 5007 CARIBBEAN BLVD #115 WEST PALM BEACH FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600136339406 09/25/08--01040--014 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	8/9/25	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: _____ 09-18-08 305-801-7782
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #