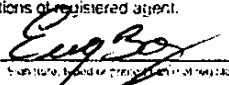
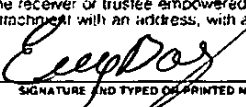


**-- 2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 06, 2008 8:00 am
Secretary of State

03-31-2008 90036 022 ***150.00

DOCUMENT # P06000013840 1. Entity Name J.B.A. ALL SERVICE CORP.					
Principal Place of Business 385 N W 18TH COURT POMPANO BEACH FL 33060			Mailing Address 385 N W 18TH COURT POMPANO BEACH FL 33060		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 84-7701866	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEL ROSARIO BAEZ, NANCY 385 N W 18TH COUT POMPANO BEACH FL 33060				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 				DATE 4-29-08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAEZ, EUGENIO 385 N W 18TH COURT POMPANO BEACH FL 33060	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAEZ, NANCY DEL ROSA 385 N W 18TH COURT POMPANO BEACH FL 33060	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T YERO, EDUARDO A 1908 NW 13 PL CAPE CORAL FL 33993	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	☐ Delete			
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:  EUGENIO BAEZ					