


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2008 8:00 am**  
**Secretary of State**

05-19-2008 90031 003 \*\*\*150.00

<b>DOCUMENT # P06000113949</b>	
1. Entity Name JB & JF, INC.	

Principal Place of Business 10339 ROYAL PALM BLVD. CORAL SPRINGS, FL 33065	Mailing Address 11764 W SAMPLE RD STE 101 CORAL SPRINGS, FL 33065
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address 10339 ROYAL PALM BLVD.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33065	Country BROWARD



04072008 Chg-P CR2E034 (12/06)

4. FEI Number 20-5480266	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
ZHENG, JIAN FEI 116999 SW 16 ST. REMBROKE PINE, FL 33027 940 Coral Ridge Dr #101 Coral Springs, FL 33065	

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

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	ZHENG, JIAN FEI
STREET ADDRESS	116999 SW 16 ST. 940 Coral Ridge Dr #101
CITY-ST-ZIP	REMBROKE PINE, FL 33027 Coral Springs, FL 33065
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.	
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SIGNATURE: 	APR 28/08 (954) 227-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #