

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000154759

FILED
Jun 18, 2009
Secretary of State**Entity Name:** J.B. HENRY CAPITAL MANAGEMENT, INC**Current Principal Place of Business:**6278 N. FEDERAL HWY., SUITE 349
FT. LAUDERDALE, FL 33308**New Principal Place of Business:****Current Mailing Address:**6278 N. FEDERAL HWY., SUITE 349
FT. LAUDERDALE, FL 33308**New Mailing Address:****FEI Number:** 22-3949840**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JONASSON, BJORN H P
6278 N. FEDERAL HWY., SUITE 349
FT. LAUDERDALE, FL 33308 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: JONASSON, BJORN
Address: 6278 N. FEDERAL HWY., SUITE 349
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: D () Delete
Name: JONASSON, BJORN
Address: 6278 N. FEDERAL HWY., SUITE 349
City-St-Zip: FT. LAUDERDALE, FL 33308

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: JONASSON, BJORN H P
Address: ATORPS UDDE 20
City-St-Zip: LERUM, SWEDEN, FL 44331 SW

Title: D (X) Change () Addition
Name: JONASSON, BJORN H P
Address: ATORPS UDDE 20
City-St-Zip: LERUM, SWEDEN, FL 44331 SW

Title: V () Change (X) Addition
Name: MAHAMUNI, SHEKHAR V V
Address: 120/164 PALM SPRINGS, MAHIDOL RD, T.TASALA
City-St-Zip: CHIANG MAI, THAILAND, FL 50000 TH

Title: D () Change (X) Addition
Name: MAHAMUNI, SHEKHAR V V
Address: 120/164 PALM SPRINGS, MAHIDOL RD, T.TASALA
City-St-Zip: CHIANG MAI, THAILAND, FL 50000 TH

I hereby certify that the information supplied with this filing does not qualify 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: BJORN JONASSON

P

06/18/2009

Electronic Signature of Signing Officer or Director

Date