
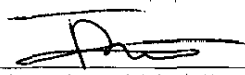
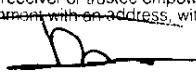


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90026 035 ***150.00

| | | | |
|--|--|---|---|
| DOCUMENT # P07000040448 1. Entity Name JB TRANSPORTATION, INC. | |  | |
| Principal Place of Business 8345 NW 186 ST., #204 HIALEAH, FL 33015 | | Mailing Address 8345 NW 186 ST., #204 HIALEAH, FL 33015 | |
| 2. Principal Place of Business - No P.O. Box # 6708 NW 188 TERR | | 3. Mailing Address 6708 NW 188 TERR | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State HIALEAH, FL | | City & State HIALEAH, FL | |
| Zip 33015 | | Zip 33015 | |
| Country | | Country | |
| 4. FEI Number 20-8776313 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent BUILES, JOGNNATAN 8345 NW 186 ST., #204 HIALEAH, FL 33015 | | 7. Name and Address of New Registered Agent Name BUILES, JOHNNATAN Street Address (P.O. Box Number is Not Acceptable) 6708 NW 188 TERR City HIALEAH FL Zip Code 33015 | |
| 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  | | JOHNNATAN BUILES <small>(NOTE: Registered Agent signature required when re-issuing)</small> | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD BUILES, JOHNNATAN 8345 NW 186 ST., #204 HIALEAH, FL 33015 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6708 NW 188 TERR HIALEAH, FL 33015 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD SERRANO, CAROLINA 8345 NW 186 ST., #204 HIALEAH, FL 33015 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6708 NW 188 TERR HIALEAH, FL 33015 |
| 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 |
| 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 |
| 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 |
| 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:  | | JOHNNATAN BUILES <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
| Date | | Daytime Phone # (305) 924-6821 | |

40055290



03112008 Chg-P CR2E034 (12/06)