


2009 FOR PROFIT CORPORATION REINSTATEMENT

Page 1 of 2

DOCUMENT # P07000058775			
1. Entity Name JBB CORPORATION			
Principal Place of Business 16401 S.W. 100 COURT MIAMI, FL 33157		Mailing Address 16401 S.W. 100 COURT MIAMI, FL 33157	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 3529 SW 112 PL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FL.	
Zip	Country	Zip	Country
33165	USA	33165	USA

FILED

09 APR 28 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 04212009 REIN-1 COR28098 (1/07) 08-09

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BALDEON, ISAAC 4613 S.W. 13 TERRACE MIAMI, FL 33134		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 \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDEON, JUANA	NAME	200154451072
STREET ADDRESS	16401 S.W. 100 COURT	STREET ADDRESS	05/02/08--90166--035 **150.00
CITY-ST-ZIP	MIAMI, FL 33157	CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDEON, ISAAC	NAME	400153347964
STREET ADDRESS	4613 SW 13 TERRACE	STREET ADDRESS	04/28/09--01046--010 **150.00
CITY-ST-ZIP	MIAMI, FL 33134	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/09 305-559-4498

~
Payer

April 21, 2009

To:
Division of Corporations
Attn: Karen Sally
P.O. Box 6327
Tallahassee, FL 32314

Re: JBB Corporation
Document #P07000058775

Dear Sirs:

Last year I send a payment of \$150.00 (Check #1746) for my 2008 Annual Report, the EIN number was not included on the form. I found out today that the Division of Corporations sent a letter requesting the EIN number, but I never received this letter. The check was cashed on May 15th, 2008.

Please find enclose the 2009 Annual Report along with a payment of \$150.00.

If you have any questions, I can be reached at 305-559-6498.

Thank you



Isaac Baldeon