

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096764

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** JB 2 EXCEED INC.

**Current Principal Place of Business:**

1919 NW 19TH STREET, SUITE 623  
FT. LAUDERDALE, FL 33311

**New Principal Place of Business:**

3330 NE 15 CT.  
FT. LAUDERDALE, FL 33304

**Current Mailing Address:**

1919 NW 19TH STREET, SUITE 623  
FT. LAUDERDALE, FL 33311

**New Mailing Address:**

3330 NE 15 CT.  
FT. LAUDERDALE, FL 33304

**FEI Number:** 26-2192010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MEYERS, MARK  
13 CASTLE HARBOR ISLE  
FT. LAUDERDALE, FL 33308 US

**Name and Address of New Registered Agent:**

SCHAPIRA, GIANNI D  
3330 NE 15 CT.  
FT. LAUDERDALE, FL 33304 US

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:** GIANNI D. SCHAPIRA

03/02/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** SCHAPIRA, GIANNI  
**Address:** 3330 NE 15 CT.  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

**Title:** DST  
**Name:** SCHAPIRA, GIANNI  
**Address:** 3330 NE 15 CT.  
**City-St-Zip:** FORT LAUDERDALE,, FL 33304

I hereby 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 all other like empowered.

**SIGNATURE:** GIANNI D. SCHAPIRA

DP

03/02/2010

Electronic Signature of Signing Officer or Director

Date