FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) (Amended)							
DOCUN  1. Entity Name		0226			FILED		
JB MONROE INC.					02 NOV 21 PM 4: 58		
DO NOT WRITE IN THIS SPACE					SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 2991 S.W. 32nd Ave. Suite, Apt. #, etc.		3. Mailing Address 8211 W. Broward Blvd. Suite, Apt. #. etc. Suite 350		DO NOT WRITE IN THIS SPACE			
City & State Pembroke Pines, FL		City & State Plantation, FL		4. FEI Number Applied For 65-0405935 Not Applicable			
Zip 33023	Gountry	Zip 33324	Country	Certificate of Status Desirer     Name and Address of Curre	Fee R	5 Additional Required	
	DO NOT WIN THIS SP	ACE	City	Frank Gutta, s (P.O. Box Number is Not Accepta 8211 W. Brown Suite 350 Plantation	CPA able) ard Blvd.	10 S 3 3 2 4	
9. This corpora	gnature, typed or printed name of registered agent artition is eligible to satisfy its Intangible quirement and elects to do so. on back)	January 1 - Mi After May Amended Make Check Payabl	Registered Agent signature requesty 1. Fee is \$150.00 1. Fee is \$550.00 UBR is \$61.25 e to Department of S	10. Election Campaign	ition.	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST JENNIFER SCHWA 8211 WorBRowar Plantation, FL	RTZ d. Blvdne#350	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			034R (12//01	
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of the corpor	ify that the information supplied with the third report or supplemental report is to ration or the receiver or trustee emporential and other like emporential and other like emporential and other like emporential results.	vered to execute this report					

SCHWARTZ

SIGNATURE A DATAPED OR PRINTED NAME OF SIGNATOR FICER OR DIRECTOR

SIGNATURE:



ACCOUNT NO. : 072100000032

REFERENCE: 829767 5030952

AUTHORIZATION :

COST LIMIT : \$ 61.25

ORDER DATE: November 21, 2002

ORDER TIME : 11:44 AM

ORDER NO. : 829767-015

CUSTOMER NO: 5030952

CUSTOMER: Mr. Andrew I. Lewis

Phillips, Eisinger, Koss,

Suite 265 South

4000 Hollywood Boulevard

Hollywood, FL 33021

ANNUAL REPORT FILING.

NAME: JB MONROE INC.

XX\_\_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: