## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 15, 2005 8:00 am Secretary of State **DOCUMENT # P96000055197** 1. Entity Name 04-15-2005 90085 028 \*\*\*150.00 J'B'HOTEL CORP. Principal Place of Business Mailing Address 550 SE 5TH AVE. 550 SE 5TH AVE. **STE 705S** STE 705S BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite Ant. # etc. Suite, Apt. #, etc. 03092005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 22-3452282 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JABARA, THEODORE R Street Address (P.O. Box Number is Not Acceptable) 550 SE 5TH AVE. APT, 705 S BOCA RATON, FL 33432 City 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\_ Signsture, typed or printed name of registered agent and tale a applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Élection Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE ☐ Delete TITLE JABARA, THEODORE MAME NAME STREET ADDRESS 500 SE 5TH AVE #705S STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33432 CITY-ST-ZIP TITLE Delete TITLE ☐ Addition JABARA, EDWARD NAME NAME STREET ADDRESS 146 76 ST STREET ADDRESS CITY-ST-ZIP BROOKLYNE, NY CITY-ST-ZIP GLAHLE. Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-7/P TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-SY-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ 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 exemption stated in Section 119.07(3)(i), 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. 4/13/05 561-3953602 SIGNATURE:

**FILED**