

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT


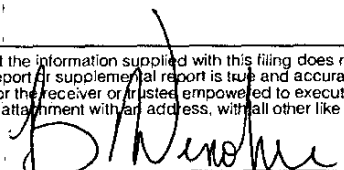
**FILED**  
**Jul 09, 2004 8:00 am**  
**Secretary of State**

07-09-2004 90002 014 \*\*\*150.00

**54060787**



07022004 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P97000021248</b>					
1. Entity Name <b>J &amp; B GUITAR SERVICE, INC.</b>					
Principal Place of Business <b>11530 NW 56TH DR. # 101 CORAL SPRINGS, FL 33076 US</b>			Mailing Address <b>11530 NW 56TH DR. # 101 CORAL SPRINGS, FL 33076 US</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>65-0738421</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>WINOKUR, BRAD 832 S.E. 4TH CT DEERFIELD BEACH, FL 33441</b>				7. Name and Address of New Registered Agent Name <b>BRAD Winokur</b> Street Address (P.O. Box Number is Not Acceptable) <b>11530 NW 56TH DR # 101</b> City <b>CORAL SPRINGS</b> FL Zip Code <b>33706</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	D	<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINOKUR, BRAD		NAME	Winokur, BRAD	
STREET ADDRESS	832 S.E. 4TH CT		STREET ADDRESS	11530 NW 56TH DR # 101	
CITY-ST-ZIP	DEERFIELD BEACH, FL 33441		CITY-ST-ZIP	CORAL SPRINGS FL 33706	
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		
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 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.					
SIGNATURE: 			7/2/04 (954) 975-3390		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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