


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2007 8:00 am**  
**Secretary of State**

05-17-2007 90036 023 \*\*\*150.00

<b>DOCUMENT # P98000029891</b> 1. Entity Name <b>JBM, INC.</b>			
Principal Place of Business <b>101 N OCEAN DRIVE #131 HOLLYWOOD, FL 33019</b>		Mailing Address <b>101 N OCEAN DRIVE #131 HOLLYWOOD, FL 33019</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>5295 SW 33RD WAY</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>HOLLYWOOD, FLORIDA</b> Zip <b>33312</b>	
Country <b>U.S.A.</b>		4. FEI Number <b>65-0825907</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>HILSENROTH, JANE 2800 PALMER DRIVE HOLLYWOOD, FL 33021</b>		7. Name and Address of New Registered Agent Name <b>HILSENROTH, JANE</b> Street Address (P.O. Box Number is Not Acceptable) <b>5295 SW 33RD WAY</b> City <b>HOLLYWOOD, FL</b> Zip Code <b>33312</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 reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D HILSENROTH, BARRY	TITLE	PRES. HILSENROTH, BARRY
NAME		NAME	
STREET ADDRESS	2800 PALMER DRIVE	STREET ADDRESS	5295 SW 33RD WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	HOLLYWOOD, FL 33312
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D HILSENROTH, JANE	TITLE	VP HILSENROTH, JANE
NAME		NAME	
STREET ADDRESS	2800 PALMER DRIVE	STREET ADDRESS	5295 SW 33RD WAY
CITY-ST-ZIP	HOLLYWOOD, FL 33021	CITY-ST-ZIP	HOLLYWOOD, FL 33312
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			
<b>SIGNATURE: Barry Hilsenroth, Pres. BARRY Hilsenroth, Pres. 4/26/07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

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**\$8.75** Additional Fee Required