

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91798 026 ***150.00

DOCUMENT #	P98000034345
1. Entity Name	
J B P Group, Inc	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
100 NW 167th Street		10585 SW 109th Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
		201	
City & State		City & State	
Miami, Fl		Miami, Fl	
Zip	Country	Zip	Country
33169	US	33176	US

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
65-0830828		Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
<input type="checkbox"/>		

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name	
	Buroserv	
	Street Address (P.O. Box Number is Not Acceptable)	
	10585 SW 109th Court	
	Ste	
	201	
	City	FL Zip Code
	Miami	33176

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 **Francisco De La Paz** **4/30/2003**

Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE	PDST	TITLE	
NAME	Ballina, John	NAME	
STREET ADDRESS	1431 Sarria Ave	STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl 33146	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **John Ballina** **4/30/2003** **305-595-5655**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)