

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90299 020 \*\*\*150.00

40068426



DOCUMENT # P98000041035			
1. Entity Name JORBY, INC.			
Principal Place of Business 1122 N HAITUS RD PEMBROKE PINES, FL 33026		Mailing Address 1122 N HAITUS RD PEMBROKE PINES, FL 33026	
2. Principal Place of Business 8871 NW 10th Street Suite, Apt. #, etc.		3. Mailing Address 8871 NW 10th Street Suite, Apt. #, etc.	
City & State Pembroke Pines FL		City & State Pembroke Pines FL	
Zip 33024		Zip 33024	
Country USA		Country USA	
6. Name and Address of Current Registered Agent BONILLA, RODRIGO 1122 N HAITUS RD PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name: <u>Bonilla Rodrigo</u> Street Address (P.O. Box Number is Not Acceptable): <u>8871 NW 10th Street</u> City: <u>Pembroke Pines</u> FL Zip Code: <u>33024</u>	
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: <u>[Signature]</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BONNILLA, RODRIGO 1122 N. HIATUS RD PEMBROKE PINES, FL 33026 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u>[Signature]</u>		Date	Daytime Phone #