2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State
06-28-2004 90008 044 ***150.00

DOCUMENT # P99000039375

1. Entity Name
J.B. ELECTRONICS, INC.

Principal Place of Business	Mailing Address
1800 W 49TH STREET #301 HIALEAH, FL 33012 US	1800 W 49TH STREET #301 HIALEAH, FL 33012 US

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2800 GLADE CIRCLE	28 00 GLADES CIRCLE
Suite, Apt. #, etc.: SUITE # E-102	Suite, Apt. #, etc.: SUITE # E-102
City & State: WESTON, FL	City & State: WESTON, FL
Zip: 33327 Country:	Zip: 33327 Country:

4. FEI Number: 65-0931814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RIOS, LEOPOLDO G. 1800 W 49TH STREET STE 301 HIALEAH, FL 33012	Name: RIOS, LEOPOLDO G Street Address (P.O. Box Number is Not Acceptable): 2800 GLADES CIRCLE SUITE # E-102 City: WESTON FL Zip Code: 33327

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: [signature] ANTONIETTA RIOS — 04/23/04 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTSD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	BRITO, OSCAR		NAME		
STREET ADDRESS	1800 W. 49TH ST., STE. 301		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE	VD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SIERRA, JORGE L		NAME		
STREET ADDRESS	1800 W. 49TH ST., STE. 301		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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.

SIGNATURE: [signature] ANTONIETTA RIOS 04/23/04 **954-515-0301**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #