

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90228 009 \*\*\*150.00

**14008242**



03182005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P99000044540</b> 1. Entity Name <b>JPB-TECHNICAL COMPUTING CONSULTANT, INC.</b>			
Principal Place of Business <b>7501 N.W. 4TH STREET #112 PLANTATION, FL 33317</b>		Mailing Address <b>7501 N.W. 4TH STREET #112 PLANTATION, FL 33317</b>	
2. Principal Place of Business <b>1715 Whitehall Drive Suite, Apt. #, etc. 405</b>		3. Mailing Address <b>1715 Whitehall Drive Suite, Apt. #, etc. 405</b>	
City & State <b>Fort Lauderdale</b>		City & State <b>Fort Lauderdale</b>	
Zip <b>33324</b>		Zip <b>33324</b>	
Country 		Country 	
4. FEI Number <b>65-0924669</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SPINELLA, AURORA R 7501 N.W. 4TH STREET #112 PLANTATION, FL 33317</b>		7. Name and Address of New Registered Agent Name <b>Aurora R. Spinella</b> Street Address (P.O. Box Number is Not Acceptable) <b>1715 Whitehall Drive</b> <b>#405</b> City <b>Fort Lauderdale</b> <b>FL</b> Zip Code <b>33324</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 <b>Aurora R. Spinella</b> <b>Aurora R. Spinella</b> <span style="float: right;">DATE <b>April 24, 2005</b></span> <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, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>BATCHA, JOSEPH P JR 7501 N.W. 4TH STREET PLANTATION, FL 33317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Batcha, Joseph P Jr 1715 Whitehall Drive #405 Fort Lauderdale FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>SPINELLA, AURORA R 7501 N.W. 4TH STREET PLANTATION, FL 33317</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Spinella, Aurora R 1715 Whitehall Drive #405 Fort Lauderdale FL 33324</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Aurora R. Spinella</b> <b>Aurora R. Spinella</b> <span style="float: right;">DATE <b>April 24, 2005</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			